

THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

VOL. VII.

PHILADELPHIA, SEPTEMBER, 1885.

No. 9.

A CLINICAL LECTURE.

DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

LECTURE III.

[Concluded from last number.]

WE will now study these fasciculi more in detail. The direct pyramidal fasciculi, or column of Türk, extend down the cord on the average as far as the middle of the dorsal region. Their point of disappearance is variable. In some cases, the fasciculi are found as low as the lumbar region of the cord, and in others they stop at the lower cervical. The crossed pyramidal fasciculi or tracts extend all the way down the cord as far as the origin of the second or third pair of sacral nerves. Where the direct and crossed pyramidal fasciculi seem to take their origin we shall see when we come to study their mode of degeneration. Charcot argues, and with good reason, that since the fibres of the direct and crossed pyramidal tracts gradually disappear from above downward, that they must terminate in the gray anterior substance of the cord, especially the anterior cornua, "where they enter probably into connection with the great motor cells." Flechsig and Parrot have studied with great care, the embryonic development of the pyramidal fasciculi, and the causes and direction of their degeneration. At present it is

sufficient to state that destruction of certain fibres of one internal capsule is followed by degeneration of the direct pyramidal fasciculus on the same, and the crossed pyramidal tract of the opposite side. Degeneration, of cerebral origin, of the direct pyramidal tract on one side is always followed, so far as at present known, by degeneration of the crossed pyramidal fasciculus on the opposite side. According to the observations of Flechsig and Parrot, neither the crossed nor direct pyramidal fasciculi are developed in the cord at birth, but in the pons and peduncles of the brain they have reached a higher state of development. There is not much doubt but that these fasciculi have their point of departure in the cortical motor regions of the brain. Flechsig was led by his observations to believe that the developmental process starts in the cortex of the brain and extends downward through the ganglia, peduncles, pons, medulla, and cord, where, in the latter region, the fasciculi are imperfectly developed at birth. Parrot found the fibres of the pyramidal fasciculi at birth further advanced in the process of development in the region of the striate bodies than were the same fibres near the cortex of the brain.

The fibres which finally constitute the pyramidal fasciculi, in the internal capsule, occupy the anterior two-thirds of its posterior segment, in the peduncular region they are found in the median section of the inferior layer, which is called the crusta, and in the medulla they form a part of the pyramids from which the tracts take their name. The fibres of the pyramidal fasciculi do not decussate until they reach the medulla, where the crossing varies in different

subjects. There are, according to Flechsig, three types (Charcot).

First type. This is the most common. From ninety-one to ninety-seven per cent. of the fibres of each pyramid coming from the brain cross over to the opposite side of the cord and pass down in the posterior portion of the antero-lateral column, forming the crossed pyramidal fasciculi. The remaining three to nine per cent. of the fibres of the pyramidal fasciculi do not decussate, but extend downwards on their respective sides of the cord, forming the direct pyramidal fasciculi. In exceptional cases, about ninety per cent. of the fibres fail to cross, whilst only ten per cent. decussate. In such a case, were hemiplegia to follow brain lesion, the paralysis would be on the side of the brain injury, and not on the opposite side of the body as is usually the case.

Second type. This has been found eleven times in one hundred cases. It consists in the total decussation of the fibres of the pyramidal fasciculi. There are, of course, in these cases no direct fibres, and consequently no anterior columns of the cord.

Third type. This is more frequent than the second, and is said to occur in forty per cent. of cases. Charcot thinks it merits the designation of the asymmetric type. In these cases there are only three fasciculi. The fibres of one pyramid split up and form a direct and a crossed fasciculus, whilst those of the other pyramid cross *in toto* (Charcot).

The fibres of the direct cerebellar fasciculi may be traced from the cerebellum into the dorsal region, below which they do not extend. The posterior internal column (column of Goll) beginning at the lower portion of the cord extend up as far as the floor of the fourth ventricle, beyond which they have not been found. The fibres of the posterior external column (column of Burdach) are short. They ascend, descend, cross to the opposite side of the cord, and probably end in the posterior gray matter.

Destructive lesions of certain portions of the brain are followed by secondary degeneration of the direct and crossed pyramidal fasciculi of the cord, but none of the other fasciculi degenerate from brain disease. In other words, the pyramidal tracts are the only fibres of the cord that degenerate from above downward. Lesions of the brain, no matter how extensive, that do not involve the cortical

motor area, nor destroy the pyramidal fasciculi in their course through the internal capsule, peduncles, pons, or medulla, are never followed by secondary degeneration of any of the fasciculi in brain or cord. On the other hand, lesions of the brain, however diminutive, that directly or indirectly destroy any of the cortical motor regions of the brain, or fibres of the pyramidal fasciculi in their course from the cortex cerebri to the medulla, are followed by secondary degeneration of the fibres in the crossed and direct pyramidal tracts. If such cerebral lesion is unilateral, the degenerative process will affect the direct pyramidal fasciculus of the same and the crossed pyramidal tract of the opposite side; if bilateral, the direct and crossed pyramidal fasciculi of each side undergo degeneration.

We see, then, that the presence of secondary descending degeneration of the pyramidal fasciculi of the cord, following brain disease, locates the primary causal lesion, in part or in whole, in a comparatively small cortical area of one or both cerebral hemispheres, or in small bundles of nerve fibres in the internal capsule, peduncle, or pons. We shall see, also, as we proceed, that descending degeneration in the cord (for it gives rise to distinct and unmistakable symptoms), occurring during convalescence from an attack of apoplexy, is of the greatest importance, enabling the physician to give an accurate prognosis with absolute certainty. It must be remembered that the direct pyramidal fasciculi disappear in the dorsal region of the cord, hence descending degeneration, caused by brain or cord lesions, take place in the lumbar and lower dorsal regions only in the crossed pyramidal tracts.

Secondary degeneration of the fasciculi of the cord may result from focal lesions of the cord itself. In such cases the degeneration may take place in an ascending or descending manner, or, what most commonly results, the degenerative process ascends and descends. In transverse lesions of the cord, destroying all the fibres of one lateral half, the direct and crossed pyramidal fasciculi on the same side, below the seat of lesion, will undergo descending degeneration, whilst the functions of the direct cerebellar fibres, the posterior internal column (column of Goll), and the posterior external column (column of Burdach), above the seat of lesion, will be destroyed by ascending degeneration. The fibres of the direct cere-

bellar tracts and posterior internal column are affected as far as the medulla, but those of the posterior external column degenerate only for a very short distance above the focal lesion. Practically it is exceptional to have a lesion in the cord affecting all the fibres of one lateral half, whilst those of the other are healthy. We shall study, therefore, partial lesions of the cord in connection with the so-called systematic lesions. We have passed in review secondary degeneration of the fasciculi of the cord of cerebral and spinal origin. It now remains for us to consider those of the peripheral origin. In this group of secondary spinal degenerations, Charcot says there are only three or four examples (*Diseases of the Spinal Cord*). "The lesion is seated without the spinal cord, on the roots of the cauda equina, above the ganglion; it consists of a sarcomatous or myxomatous tumor, which invests and compresses the nervous fasciculi." (*Ibid.*) It seems to be, as this author observes, that the lesion is in the posterior and not in the anterior roots. He describes the resulting degeneration as follows:

"1st. It occupies exclusively the posterior fasciculi. 2d. In the lumbar region the posterior fasciculi is invaded totally in its transverse extent. 3d. But above this region the fasciculus of Goll is alone affected, and it is totally in its whole length, that is to say, as far as the floor of the fourth ventricle."

Secondary degeneration of the pyramidal fasciculi, direct cerebellar fibres, and posterior external and internal columns, is all that is commonly met with, but, in addition to degeneration occurring in these fasciculi, Gowers states that he found in a spinal cord of which the lower extremity was crushed, symmetrical areas of slight ascending degeneration in the anterior part of the lateral columns in front of the pyramidal tracts. This secondary degenerative lesion, observed by Gowers, was apparently situated in that portion of the cord which Flechsig has designated the lateral boundary layer of the gray substance.

I may mention here, in passing, that Charcot has observed destruction of fibres of the anterior segment of one internal capsule, followed by descending degeneration of the fibres occupying the internal section of the crista in the peduncle on the same side, but that he was unable to find any evidence of the degenerated fibres in the pyramids or cord. He thinks that the fibres from the anterior segment of the in-

ternal capsule come to an end somewhere in the protuberance (pons).

We have seen that only those portions of the pyramidal fasciculi which are separated from the cortical motor centres in the brain will degenerate, and that the degenerative process takes place in these fasciculi always from above downward; hence, it is fair to conclude that their trophic centre is in this portion of the brain, but in what this invigorating centre consists, or whether there are separate and distinct nerve cells for this purpose, we are yet in entire ignorance. On the other hand, when the fibres of the posterior internal and external columns, and of the direct cerebellar tracts, are severed in the cord, only those portions of the fasciculi situated above the lesion degenerate, and these always from below upward. Neither the brain nor upper portion of the cord seem to have any trophic influence over those fibres that degenerate in an ascending direction. When, however, the ganglia on the posterior spinal nerve roots are disconnected from the cord by cutting these nerves between their ganglia and the point where they join the cord, ascending degeneration takes place in the posterior internal and external columns, and probably, also, in the direct cerebellar tracts. We must conclude, then, that the ganglia on the posterior roots of the spinal nerves are the trophic centres for all those fibres of the fasciculi of the cord that degenerate in an ascending direction.

ORIGINAL COMMUNICATIONS.

HOSPITAL FRANCAIS A LONDRES.

ON A CASE OF LIMITED PARALYSIS AND ANÆSTHESIA.

UNDER DR. VINTRAS.

Reported by ALFRED S. GUBB, M.R.C.S., L.R.C.P.,
(Lond.), Resident Medical Officer.

THE patient, a married woman, æt. 25, was admitted to the wards on December 8th. She complained of frontal headache, which was constant, but worse at night, with occasional dimness of sight and diplopia. Her legs were stated to have been swollen for three weeks, but after a few hours in bed this was not appreciable. There were no varicose veins. Her father died at 40, of some "head" affection, and she had lost three younger brothers from cramps.

She has been married four years. Prior to marriage she was perfectly strong and well, never had any illness, and never had rheumatic pains in joints. After an instrumental labor with first child her health suffered, and she was subject to hemorrhages during the subsequent three months. One day, during the fourth month after her confinement, she suddenly felt a choking sensation and lost consciousness for about three-quarters of an hour, on awakening from which she was unable to move any of her limbs. She says her mouth was drawn to the right side, but she was able to articulate perfectly. At this time, too, a strabismus from paralysis of the left external rectus became evident, with amaurosis of left eye. There was incontinence of urine and feces for twelve months, during which time both were passed involuntarily in bed. She was sent to a hospital in Paris, where she remained for eighteen months. The treatment, according to her statement, consisted mainly of the bromides and faradic electricity. She gradually improved under treatment, and left well at the end of that period. Menses ceased during stay in hospital, but reappeared on leaving, and have continued regular, though scanty, ever since. No history of syphilis.

She appeared to be fairly well nourished, but was rather pale. She had convergent strabismus of left eye. Her pupils were unequal, the left being larger and responding but slowly and imperfectly to light. She had a nodular swelling on the left tibia, which was painful at night. The skin over it was not implicated at first, but subsequently became adherent and sloughed, leaving a circular, sharply circumscribed ulcer.

Her lungs were normal, tongue clean, bowels regular, and voice normal. There was some muffling of the first sound of the heart at the apex, but cardiac dulness was not increased. Her urine was normal in quantity and clear; no albumen or sugar. Temperature normal.

On the 15th of December she noticed a tingling and numbness in left arm and shoulder, which in the course of a few hours became paralyzed, together with loss of general and special sensation. The anæsthesia extended from the fingers upwards to the root of the neck and across exactly to median line, and downwards to some three or four inches below nipple line. This was followed by a good deal of drowsiness or apathy, but conscious-

ness was not lost or even obviously impaired. Her appetite remained good. She was ordered ten-grain doses of iodide of potassium with bromide and infusion of valerian three times a day. The dose of the iodide was subsequently increased to twenty grains, but on the 30th of December no improvement had taken place in the limb, which was quite flaccid and powerless, and still completely devoid of sensibility of any kind. Electricity was then had recourse to, the current employed being derived from a forty-cell constant current battery, possessing a simple arrangement allowing of easy dosage and of either reversing or interrupting the current as desired. There had been no wasting of the muscles, and they contracted perfectly to the constant current slowly interrupted. She felt a hot, prickling sensation at points of contact with electrodes, and when the interruptions were rapid complained of a feeling of fatigue in the muscles. The contractions were at first feeble, but at subsequent sésances became more energetic with less cells. In the course of a month the power of the arm gradually returned, some weakness of the deltoid alone remaining. The anæsthesia also gradually disappeared. The ulcer on right tibia, which was dressed with black wash, continued in *statu quo* notwithstanding twenty-grain doses of iodide of potassium for another month, and then gradually healed.

The patient's general health improved, and when she left the hospital no trace was left of either the paralysis or anæsthesia. The strabismus persisted, but vision was not interfered with. I have since heard from her, where she is staying in France, and she has had no recurrence of any of the symptoms.

COCAINE IN HAY FEVER.

BY JOHN WATSON, M.D.

HAVING for the past three or four years been a great sufferer from this most troublesome and irritating affection, and having, moreover, tried nearly all the remedies usually administered for the complaint without any appreciable benefit, I have this year resorted to the local application of cocaine, and as the result of this treatment has been so successful in every respect, I hope that a short account of the principal symptoms occurring in the course of the malady, together with a few notes on the

above course of treatment, will not be unacceptable to your readers.

The attack in my case usually commences about the last week in May, and continues without intermission until the end of July, but these dates are liable to vary, and it may sometimes begin much later or end sooner, the hay-making time being the period at which the symptoms are most intense; but, as a rule, if there be a "second crop" of hay any year, the symptoms do not appear with it, but are only manifested with the first crop.

The symptoms may be divided into local and general.

Local may be subdivided into sneezing, nasal, ocular, palatine.

Sneezing.—This is by far the most distressing symptom, and is liable to come on at any moment (night or day) being especially aggravated by (1) the pollen of hay, either growing or stacked, but especially bad if standing near a hay cart in process of being loaded. (2) Minute particles of any kind floating in the air. (3) A freshly starched handkerchief unless well shaken out before use, will frequently originate a very violent attack of sneezing. (4) Great heat, and exposure to sunlight is also a favorable exciting agent.

The attacks are diminished and modified by (1) shade, (2) cold air, (3) rain and damp, (4) water. The two last-mentioned causes are indeed in themselves sufficient to often entirely stop the course of the entire affection, and during wet weather or whilst a damp and clouded state of the atmosphere is prevalent, the patient enjoys comparative comfort, but directly the sun and heat reappear, the entire course of symptoms reappear also, and the patient is as bad again as ever.

The fits of sneezing are very distressing, indeed, and produce great dyspnoea, so that the patient often sits or lies down and gasps for breath, and if the attack be of sufficient duration, a momentary loss of sight is sometimes experienced, so that the sufferer staggers about when attempting to walk; the eyes become suffused with tears, which pour down the cheeks, and a great quantity of mucus secretion is discharged from the nose. The face (especially)—also the head and entire body—become bathed in perspiration, and the patient is often obliged to seize hold of some firm support such as a table or mantelpiece to hold on by and steady himself during the par-

oxysm, or sometimes he walks up and down the room during the attack.

Nasal Symptoms.—These consist principally in intense itching and irritation of the mucous membrane of the nose—more particularly of the nostrils—and may be described as of a "tickling" character, although sometimes, indeed, distinct soreness and tenderness are experienced instead of tickling. The margins of the nostrils are also the seat of this sensation, likewise the septum of the nose, so that the patient feels inclined to rub the organ very violently in the roughest form of handkerchief which he can procure, although painful experience has demonstrated the unpleasant fact that this operation is followed by an increase of intensity of this symptom; over and above this there is a constant secretion of thin, acrid mucus in the nostrils, which can be felt dribbling down on their inner surface, and on the septum and roof of the nose, so that it is incessantly violently blown, which so irritates it that it becomes very sore and tender to the touch, at the extremity and around the margins of the nostrils.

Ocular Symptoms.—The eyelids and eyes are also somewhat involved in this affection. A "tickling sensation" is experienced around the margins of the eyelids, so that the patient often closes the eyes forcibly and presses the lids together very tightly in the hopes of obtaining relief. The eyelashes are, moreover, very liable to get into the eye, and produce much discomfort and irritation, besides redness and smarting, and when in blinking the eyes the two rows of eyelashes come into contact, they conduce to the increase of the tickling. The eyes are suffused with tears during the paroxysms of sneezing, and are somewhat "watery" between the attacks as a rule.

Palatine Symptoms.—They are very troublesome, inasmuch as through constant sneezing the hard palate becomes more or less dry and irritable, and "tickles" very much, so that the tongue is generally contracted to a firm point at the tip, and drawn back to the posterior part of the oral cavity, and is then rubbed violently backwards and forwards against the irritating spot, so as to act the part of a rasp and so relieve the irritation, but this is not usually very effectual.

General Symptoms.—Under this head may be mentioned those sensations experienced during and between the paroxysms of sneezing

which cannot be classified under either of the preceding heads.

There is a feeling of lassitude, inability for exertion (especially mental); intense frontal headache is often felt, so that the patient, if engaged in much brain work, often has to relinquish study until the affection has entirely subsided, or short of this, to do as little work as possible. Between the attacks, and in the course of a paroxysm of sneezing, frequent rushes of blood to the head are not uncommon, which produce dizziness, buzzing in the ears, and much discomfort. Cold, shivering attacks are very frequent (especially marked in the legs) and cutis anserina is often seen in the thighs, during which the patient may even be sweating profusely as the result of sneezing.

Treatment.—In my own case I have tried smoking tobacco (which rather intensified the sneezing than otherwise), so I relinquished it as a curative measure. Liquor arsenicalis, bismuth, and various other remedies advised, but none of them had much effect in my case. With cocaine, however, I am pleased to say the result has been more than successful. I cannot be sufficiently thankful that I was induced to try this remarkable remedy, the effects of which have been to make a complete cure. The experiments were tried upon myself, so that I can answer for them.

Mode of Application, etc.—One tablet containing one-sixth of a grain of the hydro-chlorate is slightly moistened in the mouth, and is then inserted into each nostril; they adhere without the slightest difficulty and cause no pain or irritation of any kind, but the relief is immediate and complete. During the last fortnight I have used twenty-four tablets, and have been practically free from my old complaint, although during that time I have been much out of doors, and even in fact in some hay-fields and near newly-mown hay, and under circumstances which, without my remedy, I otherwise could not have been.

WESTMINSTER HOSPITAL, LONDON.

BACK NUMBERS WANTED.—If you will send us your January and March (1885) numbers of THE MEDICAL BULLETIN we will advance your subscription two months for each of the above numbers.

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

(Conclusion.)

BUT the clinical description of "lichen ruber" is rendered by Robinson exactly after Hebra, and necessarily a wrong conception must ensue. He says "lichen ruber" (Hebra) is met with in two forms, a conical, scaly, etc., and a smooth, waxy, etc., and he does not recognize at all that Hebra has already meant by the second the lichen planus, which is treated totally separate by Robinson. Just as wrong is it to attribute to Hebra's "lichen" (though verbatim after Hebra) the tendency to group-formation, a fact by Hebra intended to apply only to lichen planus. In his later histological investigation, Robinson has indeed before him a true acuminatus papule, and he arrives at the result of Auspitz, that "lichen ruber" is no inflammatory dermatosis, but a parakeratosis. Regarding therapeutics he is of the opinion—to be sure without personal experience—that with the exception of arsenic there is no other remedy. On the other hand, Robinson describes the lichen planus exactly according to Wilson, forgetting, however, that he has already described the same, only abbreviated, under "lichen ruber." Histologically, planus, in contra-distinction to acuminatus, is defined as a true circumscribed inflammation of the papillary body and of the upper corium, from which secondarily the epidermis becomes affected. Therapeutically it is of interest, that Robinson does not think anything of arsenic in planus, and that he denies to all local means any healing influence. Both are surely incorrect. Finally, Robinson puts once more specially opposite to each other the clinical and anatomical differences, and finds them to vary greatly, which cannot be ascribed to different degrees of intensity, a view to which we certainly can only assent. But, if in consequence of the fact, that amongst the numerous cases of planus in New York not a single one has ever developed into one of acuminatus, he draws the conclusion that both diseases have also genetically no connection with each other, we have to oppose him with the German experience, that, on the contrary, cases of acuminatus are not rarely united with those of planus, and even with those of obtusus. But

within the limits of the Vienna school the "lichen" question has, meanwhile, undergone a decided change. Kaposi, as might have been expected, even now, yet adheres in his lectures to Hebra's description, only they have become more precise and accurate in consequence of his making use of more recent and of older experience. "Lichen ruber" is also to him the general term under which he subordinates *acuminatus* and *planus* in an equal manner. Why in the latter Wilson's name is even yet wanting cannot be surmised. *Acuminatus* is described especially clearly and short; Kaposi ascribes to it only the conical, scaly form. What we separate as *obtusum* and *planum* we have to look for in Kaposi under *planum* alone, and that satisfies us but little. The larger *obtusum* forms are as little mentioned as the *planum* forms, which, at the start, make their appearance as red spots. The recurring picture of the gem set in pearls, nice as it may be, does not satisfy the desire to see the various types of the flat, smooth "lichen" forms clearly analyzed. Different is it with Neumann. He had described already (1873), in his first edition, a chronic form of herpes, which was said to appear as papules. Hebra, Sr., in the second edition of his text-book, remarked that the so-called Neumann's herpes was no real herpes, but that it made the impression upon him of a "lichen ruber" of the group-like circinary form, *i.e.*, in less bashful words, of a lichen *planus* (p. 311). In his later edition, Neumann, therefore, changed the name of his new disease to the title with really less meaning: "dermatitis circumscripta herpetiformis." By it he understands isolated, pale-red, strongly pitted efflorescences, of the size of hempseed, and bluish-white in the centre, which grow toward the periphery, and on their surface, after some time, the centre sinks in under pigment formation, while, especially at the periphery, pale, whitish-colored points appear, which resemble the eczema vesicles below the horny layer of the palm of the hand. The places augment in size up to above that of a silver dollar, form with neighboring ones gyri, and here and there become covered with more solid scales and horny plates. The recent eruptions itch intensely. The pale-white points correspond histologically to the sweat-pores. The general health is not disturbed. Of this affection Neumann has observed seventeen cases. There is no doubt of Neumann having thus described the real lichen *planus*,

as Hebra correctly surmised. The white points alone on the surface favor this view. To be sure, the genesis corresponds only to *one* definite kind of *planus*-development. Neumann seems also to have recognized the identity of his disease with lichen *planus*, for in his fifth edition (1880) he figures, besides the *dermatitis circumscripta herpetiformis* as main type, lichen *planus*. That much is plain, that they did not know for a long time how to unite the form first described, in fact if not in general, by Neumann in Vienna, with lichen *planus*. To this dilemma of the Vienna school, created by the gradually needed classification of *planus*, the pupils of Hebra stand on opposite sides by endeavoring to bring under two heads the disease which naturally diverges in three directions. Neumann looks upon his new herpes-like form as the real lichen *planus*, and he describes, therefore, under "lichen ruber," in a rather obscure manner, efflorescences which might "be *acuminatus* as well as *obtusum*," because they are called in one sentence "conically pointed and scaly," and in the following sentence "rounded and smooth" (p. 306). Kaposi, adhering to Hebra, understands with *acuminatus* only it, and throws, therefore, under *planus*, in a by no means clear manner, everything together, which to-day would be impossible to consider clinically as one and the same thing. Especially know that a case perfectly corresponding to Neumann's conception of lichen *planus*, and plainly showing the white points, was declared by Kaposi himself to be lichen *planus*. Kaposi, however, in his description, makes no mention of these points, and his description itself would really not have suited the whole case. It would, therefore, be well for the younger Vienna school to acknowledge at last Neumann's *planus* as such, but to enlarge decidedly, and to determine more definitely the picture of the disease, and to incorporate most, that had thus far been ascribed to lichen *planus*, into lichen *obtusum*.

In France they adhered closely in the "lichen" question to England; this had its good reason in the fact that lichen *acuminatus* has thus far been scarcely observed in France, while Tilbury Fox had already seen at least three cases in 1873. The younger excellent French dermatologists, totally free from prejudice, also do not know exactly what to do with Hebra's lichen *acuminatus*. But on

the other hand, lichen planus has by them been justly appreciated. Vidal, Fournier, Leloir, Lemonnier, and Chambard have carefully investigated, partly the typical form and the histology, partly the deviations, *e.g.*, the lichen corné (Vidal), lichen hypertrophic (Chambard). Héguý (1880) and Lavergne (1883), in their theses, have published a valuable contribution, mainly derived from the rich material of the Hospital St. Louis. The genesis of the planus spots is described uniformly, but too schematically, in such a way that they are said always to form by the confluence of very minute, smooth, many-cornered, finely-pitted, scaleless red papules. This one-sidedness of the description is partly due to the fact, that the French observers have never seen a planus spot develop from an acuminatus group. On the other hand, pure cases of lichen obtusus seem neither to have been observed there, only such as evince large, smooth, plainly-pitted papules of the size of whole pepper, and, on the contrary, no planus efflorescences at all,—*i. e.*, those efflorescences which have been always described by French investigators as lichen plaques (not as elementary lichen papules). Concerning the size of the elementary, smooth lichen papule, as it is considered in France as the element alone constituting the lichen planus, there, too, exist various opinions. Wilson originally mentioned 1–3 lines,—*i. e.* 2–6 mm. in diameter (size of a mustard seed to that of a split pea). Héguý finds it only as large as a barley seed or a pin's head, and often smaller yet. Lavergne describes it as having the size of a pin's head up to that of a hemp-seed, and also sees it often very diminutive. There seem, therefore, also, in France, compared to England, the smaller forms, which are so likely to develop into planus spots, to preponderate. But that larger, isolated papules also happen there, which as exceptions do not attract much attention, appears clear to me from reading the above-mentioned contribution. So for instance there are mentioned by Lavergne (Observation ii. p. 29) on the back and on the left forearm a few large papules “semblables à degros boutons d'acné,”—also evidently obtusus papules. The following is, therefore, the difference between the French conception and my own concerning lichen planus. I have seen the large, isolated, remaining, smooth, round papules comparatively so often and in a pure form, that I have to put it down as a special variety,

with equal right as lichen acuminatus, and as I see the real Neumann's totally flat “lichen” develop not only from small papules, resembling my lichen obtusus in miniature, as the French describe it, but also autochthonously (*d'emblée*) in the place of acuminatus papules. I consider also, secondly, the planus efflorescence a thing *sui generis*, which has only that relation to the lichen obtusus of my description, that it occasionally develops from it. Certainly I define, after separating lichen obtusus, my lichen planus, differently from the way E. Wilson did, but I do not understand something totally different by it, because beneath the description of this clinician my lichen planus lies hidden. And if I thus find myself forced to abandon the old name, I may in full confidence excuse myself with the fact that it had at last become necessary to remove the confusion concerning lichen planus by a sharp separation of the various clinical pictures contained in the same. That I was not able to continue the obtusus, which corresponds mainly to Wilson's lichen planus, under the name of planus, is due to the fact that the other Neumann's flat lichen *is still much flatter*, is still more planus, and that in the creation of new names one has to lay special stress upon an agreement of facts and terms, that the new terms correspond better to the facts than the former ones.

But how is it in France with lichen acuminatus? When, some time ago, I had the special pleasure, on a voyage to Bergen, to associate with Dr. Barthélémy (Paris), this theme often formed the pivotal point of our conversation, and this friend drew my attention to the pityriasis pilaris of Devergie, behind which our German lichen acuminatus may possibly be concealed. Richaud (*étude sur le pityriasis pilaris*, Paris, 1874) has recently published a very interesting thesis on this affection. This author himself tries (p. 69) the differential diagnosis between his affection and Hebra's “lichen ruber,” with which he is personally totally unacquainted, and he naturally finds insurmountable differences between both, especially the want of that peculiar horny cone, by which in pityriasis pilaris the exit passages of the hair-bulbs are distinguished. On the other hand, he lays stress upon the absence of thickening of the skin in Devergie's disease. Besides, the latter is easily curable, and heals almost spontaneously. These differences suffice to define

the main distinctions of both affections, though the diffuse redness of the skin, the itching, a keratosis of the palmar surface of the hand and of the sole of the foot and onychogryphosis of the nails are common to both. Certain it is that Devergie's pityriasis pilaris presents a special, in Germany as yet unknown, disease, and no lichen acuminatus. Different it is, whether amongst the histories of cases made use of by Richaud, one or the other might not be reclaimed by us as lichen acuminatus, and it appears to me very probable in observation vii. (from Besnier Readu), that this was a case of lichen acuminatus, a French case, therefore.

I finally come to the latest description of "lichen ruber" in Ziemssen's Cyclopædia, from the pen of Weyl. Whoever wishes a true conception of the geographical fluctuations affecting these "lichen" diseases, should take the pains to compare, even superficially, Weyl's description with my own. Weyl evidently knows personally as much as nothing of lichen acuminatus. He expressly admits this in the following remarks: "I can but admit, in comparing Hebra's with Wilson's description, that Wilson's description corresponds more to the cases of 'lichen' seen by me, than those now so rare cases, that have served Hebra for his description." It would follow from the title of his chapter "lichen planus," and from his description, which contains a great knowledge of details with reference to lichen planus, but it is to be regretted that he adds Hebra's gloomy results of lichen acuminatus, as they have nothing to do with it, for we do not find the least trace of their beginning and of a corresponding clinical description of acuminatus. In my field of observation, therefore, moderately much planus, and, at least occasionally, decidedly much more acuminatus; in Weyl's, exceedingly much planus, and no acuminatus at all. But it may be possible that Weyl collected his great knowledge of planus in England, and he may probably have an opportunity in Berlin to become as well acquainted with acuminatus. By all means it would have been advisable not to treat so very step-motherly in a German mainwork as Ziemssen's the picture taken of lichen acuminatus in Germany. Duhring, without personal knowledge of acuminatus, brings a suitable and separate description of it; in Weyl, acuminatus is simply absorbed by planus. Only because it

appears in a prominent place, I wish to correct a small error at this opportunity. Weyl mentions that I had seen of my carbolic-sublimate cure in many cases of "lichen" good and exceedingly rapid successes, and places behind it an interrogative. Weyl doubts whether I have correctly diagnosticated "lichen" or correctly cured it; this much is certain, that I would like, myself, to put an interrogative after his quotation, for I have expressly indicated at that time my cure for *lichen acuminatus*, and I find myself, therefore, in Weyl's chapter, with totally unsuitable surroundings. Only during the last few years have I rapidly cured with it a universal case of lichen obtusus, and a universal planus I have not yet commenced to treat with a thorough inunction cure. Weyl has, besides, yet a chapter on "lichen acnéique, or lichen circinatus," with which I had not yet any personal experience, neither with Vidal's "lichen corné," nor with Chambard's "lichen hypertrophique."

Besides, I do not stand alone with my view of the treatment of lichen acuminatus, as it may appear from Weyl's remarks. Bockhart has expressed himself even enthusiastically about my treatment. He calls it "an important therapeutical triumph," and believes that it will totally supersede the Asiatic pills. Behrend says:—

"Referent has employed, since Unna's publication, the salve a number of times, and can confirm its extraordinary effect in every respect. In one case of a clinical patient, suffering from 'lichen ruber,' though of recent origin, complete involution was achieved within eight days. In the remaining cases, that also received treatment at the clinic, inunctions with the salve mentioned formed an essential adjunct to the arsenic treatment, so that with uninterrupted employment of the salve, the duration of treatment never exceeded the period of four weeks, even in chronic cases of long duration."

To be sure this treatment must not only be tried but be earnestly and thoroughly carried out, if one wishes to note success, and especially is it necessary to be clear at the very start with which variety of "lichen" one has to deal.

From this historical review, it becomes sufficiently apparent that we are still a great distance away from a complete knowledge of the "lichen" group, and that a thorough ob-

jective description is possible only by the united action of the dermatologists of all countries. History teaches as always, so also here, modesty. It is, therefore, far from me to believe, that the classification of "lichen ruber" into the three varieties of *acuminatus*, *obtusus*, and *planus* may not be much improved in future. On the contrary, probably each observer who has the same good luck as I have to see and to compare in a short time a considerable number of cases of "lichen," will incorporate some new traits into the picture of the whole. By profiting, free from prejudice, from the experiences of foreign dermatologists, it will probably be determined, that besides some certain peculiar local types, there are always some single forms that are met with everywhere, and that on account of their frequency are looked upon somewhere else as the main type of "lichen ruber," and by carefully observing them, we will probably also in this question attain the desirable end, that the dermatologists will speak with one tongue. It is that what I hope and expect from this work, that the English, French, and American authors in future do not judge the *acuminatus* according to the old description of Hebra, and, therefore, often mistake it, but, that basing their judgment upon the data and pictures of the disease here given, they will occasionally also meet with this type in their own countries, and that they may have an opportunity to convince themselves of the genetic connection of *acuminatus* and *planus*. It will then be a gratifying study to me to observe how the same authors look upon the picture of *obtusus* delineated by me, and whether, basing my views upon a comparatively small number of cases, I have hit the right point in my separation of *obtusus* and *planus*; whether the limitation of *planus* to the plate-like variety with white points and its not uniform manner of development from various beginnings finds adherents; and, finally, whether the bullous metamorphosis of the true lichen *planus* is also observed somewhere else.

On the other hand, it will be my intention, should the forms above-mentioned, and thus far still unknown to me (*lichen corné*, *hyper-trophique*, *acnéique*), come under my observation, carefully to study their relation to the three main types that I have described.

I have already exhausted the patience of the reader too much to subject the histology of

"lichen ruber" to a critical review, and to investigate how by the aid of the various clinical pictures the different anatomical descriptions of Neumann, Biesiadecki, Crocker, Balzer, Vidal, Leloir, Chambard, and Robinson may be united. The reader who may interest himself in it, will find the subject treated at the proper time in the *Monatsschrift für praktische Dermatologie*.

ERRATA.

Part I., February, 1885, Vol. VII., No. 2, page 36, second column, thirty-ninth line reads, "equal parts of liquor plumbi subacetatis and glycerine." Should read, "equal parts of liquor plumbi subacetatis and liquor aluminii acetatis, with a few drops of glycerine"

Page 37, first column, seventh line reads, "the alumina preparations." Should read, "the acetic preparations."

Page 37, second column, second line reads, "there was fever, which no doubt followed the chill, and is of such frequent occurrence in 'lichen.'" Should read, "there is said to have been fever, which probably was nothing but those attacks of chills so frequent in 'lichen.'"

Page 38, first column, thirty-eighth line reads, "Prof. H. Hebra." Should read, "Dr. H. v. Hebra."

Part II., March, 1885, Vol. VII., No. 3, page 73, first column, fifth line reads, "acid sulph. dil." Should read, "acid nitric dil."

Part III., April, 1885, Vol. VII., No. 4, page 110, second column, eleventh line reads, "Chrysophanic acid proved." Should read, "Chrysophanic acid (extr. chrysoph. e. rheo. 5, vase-line 50, not to be confounded with chrysarobin) and naphthol proved."

Page 110, second column, seventeenth line reads, "two *per cent.* solution of corrosive sublimate." Should read, "two PERMILL solution of corros. sublimate."

Part VI., July, 1885, Vol. VII., No. 7, page 205; second column, seventh line reads, "Heyuy's." Should read, "Heguy's."

Page 205, second column, forty-fourth line reads, "obtusus." Should read, "obtusus."

Page 206, first column, ninth line reads, "system, therefore, cannot be considered." Should read, "System, however, cannot be considered."

Page 206, first column, thirteenth line reads, "these point." Should read, "these points."

Page 206, second column, thirty-ninth line reads, "(Hebra, sen.)" Should read "(Hebra sen.)"

Page 206, second column, forty-eighth line reads, "Hebra's." Should read, "Köbner's."

SOAPS, ESPECIALLY MEDICATED,
IN DISEASES OF THE SKIN.

BY JOHN V. SHOEMAKER, A.M., M.D.,

[Abstract of a Paper read before the Pennsylvania State Medical Society. Session of 1885.]

THE skin which forms the outer envelope of the human frame protects the internal structures, eliminates certain effete products, and assists in the nutrition of the system. The millions of ducts, or pores, and the myriads of capillaries of this organ, require to be kept functionally active, to preserve health and prevent disease.

Functional activity of the skin calls for the constant removal of the used-up products that have been cast out by the system, as well as the oily fluid and all the extraneous matter that adheres to it. Water, the chief means of removal of these products, must be assisted by some chemical substance that will have the power of exerting an influence over the oily matter present. Many substances can be used for this purpose, but soap, employed either as the potash or soft, or the soda or hard soap, combines better with soft water to render these unctuous materials miscible, and readily removes them from the skin.

While soaps fulfil such an important part in assisting to maintain the skin and the body in a healthy condition, they are also valuable aids in the treatment of diseases of the former organ. The potash, or soft soap, has hitherto been most extensively employed as a remedial agent, but there are many conditions in which its use would be very injurious, yet in which the soda soaps can be employed with distinct advantage.

Potash soap, *sapo mollis*, or *sapo viridis*, contains a certain excess of alkali. It is made with either an animal fat or a vegetable oil; olive oil being often employed. If well and properly made, it should be about the consistency of jelly, and should not flow out if the vessel containing it is everted. It should be of a brownish, greenish, or olive-green color, soft and perfectly homogeneous, with a strong, caustic odor and an acrid, alkaline taste. It should contain no particles of sand, and should readily dissolve in alcohol with little or no residue. The best potash soap is imported from Europe, and obtained from Duvernois, of Stuttgart, or from Bassermann and Herschel, of Manheim. Potash soap, on application to the skin, softens and macerates the epidermis, or even destroys it—the effect on

the cutaneous surface varying according to the manner and length of time of the application. The variable and uncertain effect that occasionally follows its use, is due to the soap being neither properly nor well prepared. Potash soap may be used alone or dissolved in alcohol, as recommended by Hebra, in the proportion of two parts of soap with one of alcohol, which removes its unpleasant smell.

The soap cure which was used so extensively by Hebra, and which continues to be especially popular in Vienna and certain parts of Germany, consists in bringing potash soap, or the alcoholic solution, in contact with the skin and allowing it to remain there for some time, or in scrubbing the diseased surface with the soap and water daily until the blood oozes from the parts. This method is employed particularly in chronic eczema and psoriasis to induce an acute inflammation, after which diachylon ointment or cold and wet compresses are frequently applied. The principle of the treatment is often an excellent one, and the successful results, some of which I witnessed while in the large European medical centres, are remarkably good; but the same procedure will not answer in America. The method must be modified to suit the integument of Americans, milder stimulants or caustic applications always succeeding much better than the more severe. Further, our people cannot be controlled in a hospital as well as the inhabitants of certain parts of Europe; they will not put up with the painful treatment just referred to, neither will they abandon their occupations and remain in bed for the purpose of carrying it out properly.

Potash soap, however, in moderation, is a most valuable remedy, but it should always be used with caution, and its effects carefully watched. It is an excellent stimulant, and even a caustic, when employed for a decided effect, and it is valuable in many cutaneous diseases to free the surface of scales, crusts, and all extraneous material. It is serviceable in seborrhoea, ichthyosis, pityriasis, eczema, and psoriasis, and not only removes in the last two diseases all accumulation, but also reduces the infiltration which may be present. It can be used alone, or dissolved in alcohol, as already referred to, as the spirit of green soap. The treatment of acne, acne rosacea, elephantiasis, leucoderma, scrofuloderma, and syphiloderma, is often enhanced very much by an occasional application of potash soap or its spirit.

Senator reports having used inunctions of it with benefit, both in chronic non-syphilitic, and in syphilitic and glandular swellings. According to Beetz, potash soap is of decided value in many cases of subcutaneous suppuration and glandular inflammation.

The great power of the diffusion of this form of soap into the tissues, which it derives from the potash, should cause it to be used with great care, especially in acute diseases and upon delicate surfaces. Its penetrating and destructive action on the tissues, particularly when used carelessly or indiscriminately, regardless of precautionary measures, has frequently produced great mischief by setting up violent and obstinate inflammation of the skin. If, on the other hand, the soap is employed with precaution, it will frequently be found to be a valuable adjuvant in the treatment of many cutaneous eruptions. It is seldom alone a remedy capable of effecting a cure; soothing ointments, lotions, powders, or medicated plasters usually being necessary in one or the other form as an after-treatment for eradicating the disease.

Soda, or hard soap, which contains soda as the base, and is generally a nearly neutral soap, may also be made with either an animal fat or a vegetable oil. Soda soap differs from the potash in being hard, or comparatively so, and in having a milder, stimulating, or destructive action on the skin. It can be used in the class of affections in which potash soap has been recommended. As its action is much milder than potash soap, it is preferable in some cutaneous diseases, while the latter becomes necessary in others. If, therefore, soap is needed as an assistant, either to cleanse the surface or for its local effects, it is often better to use soda soap first, and then subsequently, if required, potash soap.

Potash and soda soaps can both be combined with various chemical substances to form medicated soaps. Soap so prepared becomes an easy and convenient vehicle for cutaneous application. It not only serves to soften or destroy the epidermis, or remove all crusts, scales, or extraneous matter, but it at the same time brings in contact with the diseased skin, under the most favorable condition, the medicinal substance in the combination. The skin, also, being thus rendered active, derives a better and a more decided effect from the remedy.

Potash soap can be medicated with tar, naphthol, carbolic acid, salicylic acid, sulphur,

balsam of Peru, and mercury. These have been found to be the principal substances combined with potash soap from which decidedly good results have been obtained, although many other drugs can also be beneficially used with it. Tar can be combined with potash soap, either in the form of *pix liquida* (oleum empyreumaticum coniferum), the oleum fugi, the oleum cadinum, oleum rusci, or the oleum ligni fossilis empyreumaticum, in the proportion of one to eight drachms of either of these tarry preparations to the ounce of soap or its spirit. Tar so incorporated with potash soap forms a very valuable application, that has the combined effects of both the soap and the tar. It is useful in chronic eczema, especially in obstinate patches of the disease; psoriasis, ichthyosis, pityriasis, and scrofuloderma are also often benefited by its use. It has quite a satisfactory effect, either in the form of the soap or its spirit, in *seborrhœa sicca*, or that dry, often greasy but scaly, state that appears on certain parts of the body, especially in the head, as dandruff. Naphthol added, in from one-half to three or more drachms to the ounce of potash soap, produces a combination that is equally useful in the diseases just referred to, and it possesses the additional value of being free from the odor, so pungent and so objectionable to tar. Naphthol potash soap is remarkably efficient in chronic scabies or itch, the first-named remedy acting on the animal parasite, while the soap removes all the material from the surface and lessens the infiltration. Again, in severe cases of phtheiri-asis, or lousiness of the body, with eczema, naphthol potash soap not only kills the parasite, but also assists in rapidly overcoming all the complications that may be present. Carbolic, or salicylic acids, either of which can be used in from ten to ninety grains to the ounce of potash soap or its spirits, form most serviceable applications. Carbolated potash soap, but more particularly its spirit, is valuable in *seborrhœa oleosa*, *acne indurata*, chronic papular eczema and in *paræsthesia*, or a perverted sensation of the skin, or what is usually referred to as *pruritus*. The intense itching that frequently accompanies these affections is often relieved by the softening influence of the soap and the anæsthetic action of the carbolic acid. Salicylated potash soap, on the other hand, produces good effects in *hyperidrosis* and *bromidrosis*, or in excessive and fetid secretions.

Sulphur, alone or with tar, can be mixed in all proportions with potash soap, for the additional effect of these drugs. Soap so medicated has been occasionally employed in the treatment of obstinate cases of scabies and eczema, but its unfortunate odor serves to make it objectionable for use in private practice. Balsam of Peru can be incorporated with potash soap in from one-half a drachm or more to the ounce. It can be applied with advantage in indolent ulcers and in furuncular affections.

Mercurial potash soap, the last of the medicated of the soft variety that will be considered, is, perhaps, one of the most important and practical.

Mercury can be mixed with the potash soap in the form of one of the mercurial salts, as the corrosive chloride, ten or more grains to the ounce, or as one of the mercurial ointments; either the common blue or oleate ointments being used in all proportions with the soap. Mercurial potash soap is one of the best combinations to use in the treatment of obstinate and unyielding cases of syphilis. It is particularly serviceable in broken-down and cachectic subjects, in whom mercury is not well borne by the alimentary canal. Its free application under such circumstances is even more effective than the ordinary inunctions of mercury. The dormant skin is awakened to activity, the blood is rapidly affected by the mercury, and the old lesions that have long been unyielding disappear from the body. It is not only applicable in late cases of syphilis, but also in the early stages of the disease, when it is advisable to make an impression on the blood through the skin. Buboës, especially old and indolent ones, can often be removed quickly by application of mercurial potash soap. Scrofulous ulcers, enlarged glands, scars, and pigmentary spots will also frequently be improved or cured by the use of this soap. It is a beneficial preparation to employ in alopecia, especially in the circumscribed form of loss of hair.

Soda Soap, medicated, has even a more extensive use in the treatment of diseases of the skin. Like potash soap, it should always be employed on a diseased surface with precautions, especially in beginning its use, whether it be the ordinary or medicated variety. In some diseases, a marked and beneficial effect will at once follow its application, and, by its repeated employment, it will readily be apparent how often it should be used. Some-

times medicated soap is well borne every day, or once or twice a week. Occasionally its use once in two or three weeks is sufficient, or only as the occasion may require for carrying off the epidermis, stimulating the skin, or for the removal of irritating secretions or crusts, scales, or extraneous matter. Again, it may happen in some cutaneous diseases that medicated or any form of soap is not well borne, or absolutely contraindicated by the abnormal condition of the skin. The attention to the precautions already alluded to, together with a general clinical knowledge of what is suitable or unsuitable, should serve as a sufficient guide as to whether it should be employed or not.

A variety of medicinal substances and combinations have been tested by me in soda soap for some years, both in private practice and in dispensary and hospital service, with the effect of producing the following medicated soaps, which have been found advantageous to employ, and which are manufactured by W. T. Baker & Co., of Philadelphia, and now largely used in the Philadelphia Hospital for Skin Diseases. Each soap referred to is divided into pieces or cakes that have an average weight of three and a half ounces, or 1680 grains; and in speaking of the different varieties, I shall give the amount of the medicinal substances with which each soap is incorporated.

Alum Soap.—Sapo Aluminus. 10 per cent., or 168 grains, Aluminis.

Alum soap may be used with advantage in hyperidrosis and seborrhea oleosa, or in excessive sudoriparous and sebaceous secretion. It checks or assists in relieving the discharge that occurs in these affections, and often brings the diseased surface into a condition suitable for other remedies. Many cases of pustular eczema, particularly in the subacute stage, are benefited by its use. It frees the surface of crusts and scales, and aids in lessening the formation of pus. It is very efficient in all indolent conditions of the integument that occur in lupus, cancer, and in scrofulous and syphilitic skin affections. Alum soap has both a stimulating and astringent action on ulcers, and will be found particularly good for bed-sores, and all weakened conditions of the skin that follow the effects of illness, or any irritation that may arise from friction, especially that which occurs in the folds of the skin of stout persons, by giving strength and vigor to the skin.

Arnica Soap.—Sapo Arnicæ. 10 per cent., or 168 grains, Ext. Arnicæ.

Arnica soap is very good to use in sore nipples and in many inflammatory affections around the mucous outlets of the body. It is likewise serviceable in cleansing boils, carbuncles, and many of the pustular skin affections. The irritable and sensitive conditions of the skin that may exist during the course of these diseases are, by its use, frequently relieved. Arnica soap is also an excellent application for abrasions, wounds, and bruises of the integument; the soreness or pain, if present, is usually lessened or removed.

Boro-Glyceride Soap.—Sapo Boro-glyceriti. 10 per cent., or 168 grains, Boro glycerite.

Boro-glyceride soap is very useful for its beneficial action on the skin, being preferable to either borax or boracic acid soap. It possesses antiseptic and deodorant properties, and is particularly applicable for the destruction of minute organisms. It is valuable for cleansing wounds, ulcers, suppurating, sloughing or gangrenous surfaces, lessening inflammation, and preventing the action of atmospheric germs. General and local pruritic conditions of the skin, especially pruritus, that frequently affect the genital organs and the anus, are usually benefited and often relieved by its use. It is a valuable soap to employ in acne and in seborrhœa, freeing the surface, in the latter disease, of crusts or scales that may exist, opening up the orifices of these sebaceous follicles, and lessening the accumulation of the abundant secretion. The roughened, reddened, and irritable state of the skin that is at times present in the latter disease and in acne rosacea is often removed by the use of this soap, and it may give a clear and healthy complexion.

Camphor Soap.—Sapo Camphoræ. 10 per cent., or 168 grains, Camphoræ.

Camphor soap has primarily a stimulant, and at times an irritant action, which is succeeded by an anodyne effect. It is most frequently used for the relief of pruritus that attends eczema, chilblains and other irritable affections of the skin.

Carbolic Acid Soap.—Sapo Carbolici. 5 per cent., or 84 grains, Acidi Carbolici.

Carbolic acid soap has at first a stimulant action, followed usually by an anæsthetic effect. It has been largely employed for its antiseptic action in wounds and all suppurating sores. The accompanying itching of the skin is often

allayed by employing it. It is excellent for chronic eczema, psoriasis, and many other cutaneous diseases, but, on account of its unpleasant and penetrating odor many persons prefer naphthol and salicylic acid soaps.

Chamomile Soap.—Sapo Anthemidis. 10 per cent., or 168 grains, Ext. Anthemidis.

Chamomile soap is a mild stimulant and astringent, possessing an agreeable, aromatic odor, and being very serviceable in many inflammatory affections. It is an excellent soap to use in intertrigo or chafing, and in dermatitis, seborrhœa, hyperidrosis and bromidrosis; while it is particularly valuable, both for its medicinal virtues and aromatic odor, in all conditions of excessive secretion and ill-smelling sores. It is frequently rendered more effective by the addition of sulphur, according to the following combination:—

Chamomile and Sulphur Soap.—Sapo Anthemidis Sulphurisque. 10 per cent., or 168 grains, Ext. Anthemidis; 5 per cent., or 84 grains, Sulphuris Loti.

Chamomile and sulphur soap possesses the properties of both remedies in the combination. In seborrhœa sicca on any part of the body, but more particularly on the scalp or portions covered with hair, it has a most decided effect in carrying off the scales and crusts from the surface. Loss of hair, that so frequently occurs from dandruff or seborrhœa sicca, may be relieved or checked by the use of this soap. The greasy, shining complexion, attended with numerous small elevations or pimples, a form of acne common to young women from either gastric or menstrual disorders, often yields to applications of it, and it assists in restoring the skin to its healthy, transparent state.

Eucalyptol Soap.—Sapo Eucalyptili. 5 per cent., or 84m, Ol. Eucalypti.

Eucalyptol soap has not only stimulating and astringent, but also pleasant balsamic qualities. It is, therefore, a useful disinfectant application to all foul-smelling wounds and ulcers. In bromidrosis, or fetid perspiration, it is very efficacious.

Naphthol Soap.—Sapo Naphtholis. 5 per cent., or 84 grains, Naphtholi.

Naphthol soap is one of the most effective and practical of all the medicated soaps. It is useful in very many cutaneous diseases, and especially so on account of being free from odor and having stimulating astringent and some anæsthetic effect upon the skin. Animal para-

sites on the skin or in the clothes are usually destroyed by its application. Lice, particularly the variety that infest the pubic and axillary regions, can be easily, cleanly and quickly destroyed by naphthol soap, superseding the filthy mercurial ointment. Scabies or itch is sometimes also eradicated by it, as it is a valuable adjuvant in assisting the action of other remedies. The bite and sting of many insects and animals may often be cured or relieved by its use. It often acts well in eczema, especially the subacute and chronic variety, aiding much to lessen the infiltration and itching that may torment the patient. Psoriasis, pityriasis, and ichthyosis are often benefited by it. It has decided antiseptic properties, and is, therefore, of great utility in all offensive discharges from the skin. Fetid perspiration is not only controlled, but often cured by its use.

Salicylic Acid Soap.—Sapo Acidi Salicylici. 4 per cent., or $67\frac{1}{2}$ grains, Acidi Salicylici.

Salicylic acid soap is valuable for its antiseptic action, and is by far superior to carbolic acid soap. Its freedom from the irritating quality and disagreeable odor of the latter soap makes it preferable to it in every way. It is an admirable soap for toilet purposes, and has proved serviceable in those thickened conditions of the epidermis that occur on the plantar, palmar, and extensor surfaces. It assists in softening up the epidermis and in making the skin more natural and pliable. Sycosis and pustular eczema are generally benefited by its use, particularly when the hair becomes matted together and is accompanied with a fetid odor. It is likewise serviceable in fetid perspiration and all foul smelling wounds or sores.

Sublimate Soap.—Sapo Hydrargyri Chloridi Corros. 1 per cent., or $16\frac{2}{3}$ grains, Hydrargyri Chloridi Corrosivi.

Sublimate or mercury soap is, like carbolic acid, naphthol and salicylic acid soaps, a valuable antiseptic. It is a valuable soap in animal parasitic diseases, such as phtheiri-asis or lousiness, and scabies or itch. Freckles, pigmentary deposits, especially chloasma or yellowish-brown or blackish patches on the skin, are greatly relieved and sometimes removed by its employment. The red and roughened state of the skin that may follow the eruptive fevers, as in smallpox, may be erased or improved by its use. It is an effective soap to assist in overcoming an unhealthy state of the skin and in producing a clear and brilliant complexion.

Sublimate soap is also one of the best agents to have recourse to in all kinds of itching of the integument, and may afford the greatest relief sometimes in both pruritus ani and pruritus pudendi. It is likewise a markedly serviceable remedy in the various syphilitic skin eruptions.

Tar Soap.—Sapo Picis Liquidæ. 10 per cent., or 168 grains, Picis Liquidæ.

Tar soap has long been employed with great advantage in many forms of cutaneous disease. Eczema and psoriasis, more especially the chronic varieties, are frequently much improved by the use of tar soap. It assists in keeping the skin active, often lessens the infiltration and relieves the itching. It is a useful soap, also, to remove the scales in pityriasis and ichthyosis. Tar soap, or any of its compounds, can be employed in many diseases of the skin that have been referred to in considering naphthol soap—the former being inferior to the latter on account of its disagreeable odor and the irritant effects that sometimes follows the application of tar to the skin.

The principal medicinal combinations with potash and soda soap have now been fully considered, and it simply remains to briefly refer to the following additional medicated ammonia and soda soaps which have a rather limited use:

Amber Soap.—Eau de Luce. A liquid soap, which has as its chief ingredients tincture of oil of amber and balsam of Gilead, with water of ammonia.

Used in enlarged glands, moles, warts, etc.

Balsam Soap.—5 per cent., or 84 grains, Balsami Peru.

Used in indolent ulcers, sinuses, abscesses, etc.

Elder-Flower Soap.—Sapo Sambuci Flor. 10 per cent., or 168 grains, Sambuci Florum.

Used in intertrigo, rosacea, sunburn, etc.

Ergot Soap.—Sapo Ergotæ. 10 per cent., or 168 grains, Ext. Ergotæ.

Used in eczema, acne, rosacea.

Glycerine Soap.—Sapo Glycerin. 15 per cent., or 252 grains, Glycerin.

Used for roughness of the skin, chaps, pityriasis, etc.

Naphthol Sulphur Soap.—Sapo Naphtholi Sulphurisque. 3 per cent., or $50\frac{2}{3}$ grains, Naphtholi; 10 per cent., or 168 grains, Sulphuris Loti.

Used in scabies (itch), phtheiri-asis (lousiness), insects of all kinds on the skin, eczema, psoriasis, seborrhœa, hyperidrosis, bromidrosis, etc.

Sulphur Soap.—Sapo Sulphuris. 10 per cent., or 168 grains, Sulphuris Loti.

Used in acne, rosacea, etc.

Iodine Soap.—Sapo Iodi. 3 per cent., or 50½ grains, Iodi Resublimati.

Used in syphilitic and scrofulous skin affections, old granulations, etc.

Iodide of Sulphur Soap.—Sapo Sulphuris Iodidi. 3 per cent., Sulphuris Iodidi, 50½ grains in a cake.

Used in acne indurata, chronic ulcers, freckles, yellowish-brown or blackish patches on the skin, etc.

Kino Soap.—Sapo Kino. 10 per cent., or 168 grains, Ext. Kino.

Used in eczema, rosacea, ulcers, etc.

Lead Soap.—Sapo Plumbi. 3 per cent., or 50½ grains, Plumbi Acetas.

Used in boils, carbuncles, abrasions, bed-sores, etc.

Tannin Soap.—Sapo Acidi Tannici. 3 per cent., or 50½ grains Acidi Tannici.

Used in seborrhœa oleosa, excessive sweating, ulcers, granulations, etc.

Tannin Balsam Soap.—Sapo Tanno Balsamicus. 2 per cent., or 33½ grains, Acidi Tannici; 5 per cent., or 80 grains, Balsami, Peru.

Used in wounds, ulcers, chilblains, etc.

Thymol Soap.—Sapo Thymol. 3 per cent., or 50½ grains, Thymoli Crystallisati.

Used in ulcers, wounds, abscesses, sinuses, pustular eczema, etc.

Turpentine Soap.—Sapo Terebinthinæ Compositus.

This soap has been known as Starkey's, and is composed of equal parts of potassium carbonate, oil of turpentine, and Venice turpentine.

Used in chilblains, syphilis, psoriasis, etc.

Winter-Green Soap.—Sapo Gaultheriæ. 3 per cent., or 50½ grains, Acidi Methylsalicylici.

Used in eczema, psoriasis, lichen, acne, etc.

Witch-Hazel Soap.—Sapo Hamamelis. 10 per cent., or 168 grains, Ext. Hamamelis.

Used in fetid perspiration, eczema, loss of hair, etc.

Soap, especially the medicated, as has been shown, is a very valuable agent in the treatment of the various diseases of the skin, providing it is properly and judiciously used. It is a powerful remedy to do good, and equally so to effect harmful results. The greatest care

and the utmost precautions, as has already been pointed out, should always be exercised in applying it to a diseased surface, and too much must not be expected for soap to accomplish. The manufacturer, the merchant, and, too often, the physician, claim that this or that medicated soap will remove or cure certain skin diseases, which, on trial, will frequently be found to utterly fail. Soap, as a remedy, *per se*, seldom cures cutaneous affections, but as an adjuvant it is one of the most valuable agents that we possess.

THERAPEUTIC NOTES.

PURPURA.

℞. Strychnia sulphatis . . .	gr. ¼
Ferri sulphatis . . .	gr. xvi.
Magnesiæ sulphatis . . .	℥iij.
Acidi sulphurici dilut. . .	℥j.
Aqua q. s. . .	℥iv.

M. Sig.—Two teaspoonfuls every four hours.

ANÆMIA.

℞. Liq. potassii arsenitis . . .	℥ss.
Elix. gentianæ ferrat. . .	℥iv.

M. Sig.—Two teaspoonfuls after meals.

IODOFORM PREPARATIONS.

℞. Iodoform . . .	gr. xv.
Glycerin . . .	℥v.
Essence of mint . . .	℥vi.

Used on vaginal tampons.

℞. Iodoform . . .	gr. xv.
Glycerin . . .	gr. lxxv.
Distilled water . . .	℥iij.

For injections in cases of gonorrhœa and chronic catarrh of the bladder.

℞. Iodoform . . .	gr. xv.
Sulphuric ether . . .	
Olive oil . . .	āā gr. lxxv.

For subcutaneous injections in cases of syphilis, from half to three-quarters of the mixture being used daily or every other day.

℞. Iodoform . . .	gr. xv-xxx.
Potassium iodide . . .	℥j.
Tokay wine . . .	℥iiss.

For internal use, in cases of convulsions, in doses of from three to fifteen drops, in a glass of wine, three times a day.

℞. Iodoform . . .	gr. iss.
Lycopodium . . .	gr. vi.
Extract of phellandrium seed . . .	gr. xv.

Divide into ten pills, from three to five of

which are to be taken daily, for bronchorrhœa or emphysema. It should be borne in mind that the internal use of iodoform disposes to hæmoptysis.—*Courier Médical, New York Medical Journal.*

SICK HEADACHE.

M. Marget (*Progrès Méd., N. Y. Medical Journal*) directs discs made after the following formula to be applied over the seat of pain in sick headache—

℞. Menthol, ...
Chloral hydrate āā gr. viiss.
Spermaceti gr. xxx.
Cocoa butter gr. xv.

MALARIAL FEVER.

Professor N. S. Davis says that all ordinary attacks of malarial fever, whether intermittent or remittent, can be broken up by the administration of from ten to twenty grains of quinine during each of the first and second days, and from eight to twelve grains on the third, fourth, and fifth days. The patient should then be given—

℞. Quinæ sulphatis 3j.
Ferri citratis 3j.
Ext. hyoscyami 3ss.
Ext. nucis vomicæ gr. x.

Mix and divide into thirty capsules, of which one should be given before each meal for the first week; one before breakfast and dinner the second week; and one before breakfast only during the third week.

Another excellent formula, which Professor Davis has used for many years, as a substitute for the former, is—

℞. Ext. cornus Floridæ 3j.
Ferri sulphatis 3ss.
Ext. hyoscyami 3ss.
Strychnia sulphatis gr. j.

Mix.—Divide into thirty capsules, and use as directed in the preceding formula.

If the patient is anæmic, he may also take a teaspoonful of the syrup of the lactophosphate of calcium, or of the compound syrup of the hypophosphites, after each meal. In cases presenting enlargement of the spleen or of the liver, Professor Davis has found no remedy more certainly beneficial than chloride of ammonium in five to eight grain doses three or four times a day.

SYPHILITIC TIC DOULEUREUX.

For a case of tic dououreux, which was probably due to pressure from a specific exostosis, Professor Bartholow prescribed—

℞. Potassii iodidi 3ss.
Sodii bromidi 3j.
Aqua 3vi.

M. Sig.—A tablespoonful morning and evening.

INCIPIENT MYELITIS.

For a case of incipient myelitis in a man aged forty, Professor Bartholow ordered—

℞. Ferri sulphatis exsicc. . . . gr. xv.
Mangani sulphatis gr. xv.
Acidi arseniosi gr. ¼.

M. Ft. pilulæ No. xv.

Sig.—One pill after each meal.

The patient was also directed to take one teaspoonful of the syrup of the lactophosphate of calcium before meals.

SYPHILITIC LARYNGITIS.

For a case of syphilitic laryngitis in which there was considerable tumefaction but no ulceration, Prof. Bartholow recommended—

℞. Sodii iodidi 3ij.
Syrupi picis liquidæ 3iij.

M. Sig.—Two teaspoonfuls every three hours.

Also—

Syrupi ferri iodidi mxx, three times daily.

CEREBRAL HYPERÆMIA.

A patient suffering from cerebral hyperæmia recently presented himself at Professor Da Costa's clinic. He had been suffering from headache and vertigo for six months. His memory was failing, his sleep was disturbed, and he was becoming very much depressed in spirits. He was directed to have a blister applied to the nape of the neck, and to take—

℞. Ext. colocynthi comp. . . . gr. xii.
Pulv. capsici gr. iv.
Ext. gentianæ gr. xxiv.

M. Ft. pilulæ No. xii.

Sig.—One pill three times a day.

Also—

℞. Sodii bromidi 3liiss.
Aquæ 3iij.

M. Sig.—One tablespoonful every night at bedtime.

HYPERTROPHY OF THE HEART.

Professor Da Costa recommends in the initial stage—

℞. Tinct. aconiti rad. . . . mxxvi.
Tinct. cinchonæ comp. . . . 3ij.

M. Sig.—One teaspoonful three times a day.

In addition, the bowels are to be kept freely open, and the arterial tension lessened by the administration of one or two drachms of Rochelle salts, or some other saline, every morning.

DYSENTERY.

Professor N. S. Davis recommends in the early stages—

- R. Pulv. opii gr. ix.
Potassii nitratis 3ss.
Hydrarg. chlor. mite gr. vj.

M. Ft. charta No. vi.

Sig.—One powder every two hours.

If there be a high fever, much thirst, and a coated tongue, he orders the following mixture to be taken between the powders—

- R. Tinct. verat. viridi 3j.
Spts. ætheris nitrosi 3iiss.
Tinct opii camph. 3iiss.

M. Sig.—One teaspoonful every two hours.

If the case be not seen until two or three days have elapsed, when the discharges are distinctly muco-purulent and mixed with blood and accompanied by considerable tenesmus, Professor Davis has obtained the best results from the following combination :—

- R. Ol. terebinthinæ 3iij.
Ol. gaultheriæ 3ss.
Tinct. opii 3iv.
Gum acaciæ 3v.
Sacchara alba 3v.
Aquæ 3iv.

M. Sig.—One teaspoonful every two or three hours.

CHRONIC BRONCHITIS.

- R. Quiniæ sulph. gr. xl.
Acidi phosphorici dilut. 3ij.
Vini picis liquidæ 3ij.

M. Sig.—One teaspoonful three times a day.

CHRONIC DIARRHŒA.

- R. Tinct. opii deod. 3j.
Tinct. ignatiæ 3iiss.
Acidi sulphurici dilut. 3j.
Liq. ferri subsulphatis 3iiss.
Tinct. coptis trifoliæ 3ij.

M. Sig.—One teaspoonful well diluted four times a day.

LEAD. POISONING.

- R. Strychniæ sulphatis gr. ½.
Quiniæ sulphatis 3j.
Acidi sulphurici dilut. 3ij.
Magnesiæ sulphatis 3ss.
Aquæ q. s. ad 3vj.

M. Sig.—Half a tablespoonful one hour before each meal.

ASTHMA.

Dr. Q. C. Smith (Daniel's Texas Medical Journal) recommends the hypodermatic administration of pilocarpine, gr. $\frac{1}{6}$, and apomorphia, gr. $\frac{1}{32}$, to check the asthmatic par-

oxysm. For the after-treatment he has found nothing equal to—

- R. Ext. pilocarpi fl. 3j.
Ext. grindelia robusta fl. 3ss.
Syrupi ipecac. 3ss.
Apomorphia gr. j.
Syrupi stillingiæ comp. q. s. ad 3iv.

M. Sig. One teaspoonful after meals.

SMALL-POX.

- R. Acidi carbolici gr. iv.
Chloral hydrat. 3ij.
Tinct. benzoini comp. 3iiss.

M. Sig.—One teaspoonful every four hours.

CHLOROSIS.

- R. Strychniæ sulphatis gr. ⅓.
Potassii chloratis 3iiss.
Aquæ 3iv.

M. Sig.—Two teaspoonfuls after meals.

SCARLET FEVER.

- R. Tinct. aconiti rad. 3ss.
Potassii chloratis 3iiss.
Aquæ menth. pip. 3iv.

M. Sig.—A dessertspoonful every three hours.

NEURALGIA.

- R. Tinct. verat. viridi 3ss.
Tinct. gelsemii 3iiss.
Tinct. cimicifugæ 3ij.

M. Sig.—One teaspoonful every two hours.

PRURITUS.

- R. Acidi carbolici 3ss.
Chloral hydrat. 3j.
Glycerini 3j.
Aquæ camphoræ 3iij.

M. Ft. Loti. Sig.—Apply externally.

ERYTHEMA.

- R. Plumbi carb. 3j.
Bismuthi subcarb. 3j.
Sodii bicarb. 3ss.
Ung. zinci oxidi benz. 3ij.

M. Ft. Unguentum. Sig.—Use externally.

MIGRAINE.

- R. Tinct. ignatiæ 3j.
Tinct. cannabis ind. 3ij.
Tinct. cardamomi 3ij.

M. Sig.—One teaspoonful every three hours.

WHOOPIING-COUGH.

- R. Chloral hydrat. 3j.
Tinct. hyoscyami 3ss.
Syrupi lactucarii 3iiss.

M. Sig.—One teaspoonful every two or three hours.

CHRONIC RHEUMATISM.

- R. Potassii iodidi . . . 3iss.
 Ammonii chloridi . . . 3j.
 Spts. chloroformii . . . 3ss.
 Tinct. cinchonæ comp. . . 3iv.

M. Sig.—Two teaspoonfuls three times a day.

ASCARIDES.

- R. Ol. terebinthæ . . . 3ij.
 Mucil. acaciæ . . . 3j.
 Syrupi zingiberis . . . 3ij.

M. Sig.—One teaspoonful every morning before breakfast.

PHYTOLACCA DECANDRA IN ORCHITIS.

Dr. W. O'Daniel (Atlanta Medical and Surgical Journal) has obtained the best results in the treatment of orchitis, from the internal administration of four to six drops of the fluid extract of phytolacca every three hours, combined with the external application of an ointment of belladonna and phytolacca. If there be much inflammation and swelling he begins the treatment by puncturing the scrotal veins to relieve the congestion. Anodynes are also given when necessary to relieve pain or procure sleep.

SOME FORMULÆ IN COMMON USE AT THE NEW ORLEANS CHARITY HOSPITAL.

HAUSTUS QUINIÆ (H. Q.).

- R. Quiniæ sulph. . . . ʒij.
 Acidi sulph. . . . q. s.
 Tinct. opii 3j.
 Aq. menth. pip. . . . 3vj.

M. Sig.—Dose from one to two tablespoonfuls.

ANTI-EMETIC MIXTURE.

- R. Sodii bicarb. . . . 3j.
 Aq. lauro-cerasi . . . 3j.
 Aq. menth. pip. . . . 3v.

M. Sig.—Tablespoonful at a dose.

ANTI-RHEUMATIC MIXTURE.

- R. Potassii iodidi . . . 3ij.
 Vini colchici sem.,
 Syr. simplicis . . . ʒss.
 Aq. menth. pip. . . . 3v.

M. Sig.—Tablespoonful at a dose.

MISTURA CRETÆ COMP.

- R. Tinct. opii 3j.
 Tinct. kino 3j.
 Mist. cretæ 3v.

M. Sig.—Dessertspoonful, or tablespoonful, at a dose.—*New Orleans Medical and Surgical Journal.*

ACUTE RHEUMATISM.

Dr. James Craig (New York Medical Journal) claims that hydriodic acid is the most efficient remedy for acute rheumatism. He orders two teaspoonfuls of the syrup, to be taken every two or three hours. Under this treatment the pain and swelling usually subside within eighteen to twenty-four hours. Similar good results are obtained from it in subacute rheumatism.

CATARRHAL JAUNDICE.

- R. Hydrarg. chlor. mite . . gr. j.
 Resinæ jalapæ . . . gr. vj.
 Ext. colocynthi comp. . gr. iij.

M. Ft. pilulæ no. iii.

Sig.—One pill every hour.

Four hours after the last pill has been taken, give the patient a bottle of the solution of citrate of magnesia, or half an ounce of Epsom salts in a glass of water. The following combination will also be found useful as a general tonic, and as a corrective of the morbid state of the intestinal mucous membrane:—

- R. Quiniæ sulphatis . . gr. xxiv.
 Acidi hydrochlorici dilut. 3j.
 Aqua 3j.
 Syrupi zingiberis . . . 3ij.

M. Sig.—Two teaspoonfuls every four hours.

PYROSIS.

- R. Sodii bicarb. . . . 3iss.
 Tinct. colombæ . . . 3ij.
 Tinct. nucis vomicæ . . 3j.
 Tinct. capsici 3ss.
 Aqua 3ij.

M. Sig.—Half a tablespoonful after meals.

A MUSTARD SPONGE.—In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of mustard carriers. Mix the mustard in a basin with water until the mass is smooth and of even consistency. Then take the soft mass all up with a clean sponge, lay the sponge in the centre of a white handkerchief, tie up the corners neatly, and apply the smooth, convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice during the weariness of night watching. The sponge can afterwards easily be washed clean in warm water.—*Journal of American Medical Association.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
 F. A. DAVIS, Att'y, Publisher.
 A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Sept. 1885.

THE ALLEGHENY COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION.

A FEW weeks ago, the New-Code journals proclaimed with exultation that the Allegheny County Medical Society had passed a series of resolutions condemning the recent action of the American Medical Association, and insisting upon the reinstatement of the Original Committee with full power to *reap-point themselves and their New-Code friends to office*. The facts of the case are, that the meeting at which these resolutions were passed was attended by only twenty out of the one hundred and ten members, and that very few of those present were familiar with the questions at issue, and that not over twelve votes were cast in favor of the resolutions.

The following letter stating these unpalatable truths was sent by Dr. Thomas D. Davis, Corresponding Secretary of the Society, to the Medical News, but was not published:

Editor Journal American Medical Association:

DEAR SIR: The inclosed note I send to-day to the Philadelphia Medical News. In simple justice I hope it will be published.

Editor of News:

DEAR SIR: I notice in my News received to-day, that you make a point of the recent action of the Allegheny County Medical Society concerning the proposed International Medical Congress. Our society has over one hundred and ten members. At the meeting where the resolutions you published were passed not over twenty members were present. Of these but few were familiar with the facts in the case. The resolutions were scarcely discussed except

by the mover. As they were passed *viva voce* no record of the vote was kept, but I am assured that not over twelve, or *one-ninth* of the entire society voted for them. To whatever weight that vote may have you are welcome; but simple justice to the profession in this county requires these facts to be stated, as many of those who were absent from the meeting are not in favor of reinstating a committee two-thirds of whom appointed themselves to one or more of the most desirable positions in the Congress, and who gave other positions of honor to the bitter enemies of the very association from which they received their authority.

Respectfully yours,

THOS. H. DAVIS,
Cor. Sec'y Allegheny Co., Pa., Med. Society.
 Pittsburgh, Pa., Aug. 10, 1885.

The suppression of this letter, instead of having the intended effect, only served to stimulate the determination of the members of the Society to remove the stigma which had been placed upon it, and not to permit it to be any longer heralded abroad as being in accord with the enemies of the Association. A special meeting was accordingly held on August 25th, at which a full attendance was secured, more members being present than at any other meeting ever held by the Society. After a full exposition of the facts at issue, the former resolutions were rescinded, and the Society unanimously indorsed the action of the American Medical Association in insisting that only those who are in accord with the National Code of Ethics should be appointed officers of the Congress.

FACIAL ERYSIPELAS.

PROFESSOR DA COSTA'S method of aborting facial erysipelas by the hypodermatic injection of pilocarpine has been employed extensively at the Pennsylvania Hospital, and with almost uniform success. It is especially applicable, and may be employed with confidence, in cases of the disease occurring in young and robust adults. It produces free perspiration, during which the temperature and pulse fall to almost normal, the redness of the skin diminishes, and the further progress of the disease is checked. Professor Da Costa does not, however, recommend it in the ery-

sipelas of anæmic or debilitated subjects, as it might possibly have too depressing an effect upon the heart. In these cases some other plan of treatment is preferable. Professor Bartholow speaks favorably of quinia and belladonna. The aconite and carbolic acid treatment has also given excellent results, but is not suitable for the asthenic type of the disease. Some cases require to be stimulated from the beginning, and would not bear the use of any cardiac depressant. The pulse should be the guide, and aconite or belladonna administered in accordance with its indications. These agents, however, have no direct influence on the disease, and can only be regarded as adjuvants. The tincture of the chloride of iron is the nearest approach to a specific that has yet been discovered. It acts equally well in the sthenic as well as the asthenic cases, and has a mass of clinical evidence in its favor. It should be given in large doses, $\mathfrak{m}_{xx}$ to $\mathfrak{m}_{xxx}$, every three hours, and continued until convalescence is established. The bowels should be freely opened by a calomel, or calomel and jalap purge, followed by a saline. The patient should be kept in bed, in a dark room, and restricted to a light, nutritious diet.

It has been said that the external treatment is of no consequence, and that any application which may be ordered is only of the nature of a placebo. This is a grievous error. The itching and burning demand relief, and if relief is not given, the patient tears the skin with his nails, and even at times becomes delirious from the suffering. In these cases we can confidently recommend the ointment of the oleate of bismuth as a certain remedy for allaying the itching and burning, lessening the pain, and permitting the patient to sleep. It is true that this effect is only palliative, and does not really shorten the disease in ordinary cases.

The earth treatment advocated by Dr. Adinell Hewson can be depended upon, however, to abort the disease. It is not an æsthetic application, and the *dilettante* who affects to be a physician may object to soiling his hands with its use, but the physician who places the welfare of his patient above every other consideration may resort to it with confidence. The following case is a practical illustration of

its value: The patient, a moderate drinker, aged forty-five, was seen on Saturday morning. He had a well-marked attack of erysipelas. Both sides of the face were involved, and the swelling was so considerable that he could scarcely open his eyes. According to his statement, the pain and burning were almost unbearable. His pulse was 110 and full and strong, and his temperature 102° . He was ordered two $\mathfrak{m}_{v}$ doses of tincture of aconite, to be taken one hour apart. After the second dose of aconite, he was directed to take a calomel and jalap purge, to be followed in three or four hours by $\mathfrak{zss}$ of magnesia sulphate. He was ordered to commence with the tincture of the chloride of iron in the afternoon, and take twenty drops of it every three hours. He was also placed in bed at once, and a thick paste of clay, as recommended by Dr. Hewson in the July number of *THE BULLETIN*, was spread over the affected portion of his face. His wife was directed to re-moisten it from time to time, and to keep it on for twelve hours. The good results were gratifying. The pain and burning stopped in about half an hour, the patient had a comfortable nap in the afternoon, and when the dressing was removed in the evening the swelling had subsided, and the greater portion of the redness had disappeared. His pulse had fallen to 85, and his temperature to 99° . He felt so well that he did not reapply the dressing, but continued the iron. He slept soundly all night. The next day he was out on the street, and returned to his work as usual on Monday morning.

BISMUTH SUBNITRATE.

BISMUTH SUBNITRATE is not soluble in either water or alcohol, and only a minute portion of that which is swallowed is dissolved by the gastric and intestinal secretions, and absorbed into the general system. The remainder is decomposed during its passage through the alimentary canal, and finally excreted along with the feces as the insoluble sulphide. As bismuth subnitrate is without taste or odor it can be easily taken by children and fastidious adults. When possible it should be given in milk, but it may be suspended in

glycerine, or administered in an emulsion with syrup of acacia, or placed as a powder upon the tongue.

The precise mode of its action is not known, but its therapeutic value is undoubted. It is a most efficient sedative to the mucous membrane of the stomach and intestinal canal. It is also a valuable astringent and absorbent, and possesses in a remarkable degree the power of restraining suppuration and inducing reparative action in open wounds or abraded surfaces. According to Trousseau, its administration is the basis of all rational treatment of gastric ulcers. It lessens the pain, favors cicatrization, and assists in the restoration of the mucous membrane to a healthy condition. It is equally serviceable in the treatment of duodenal and other intestinal ulcers. It is of especial value in subacute and chronic gastritis, and in gastralgia, due to an irritable condition of the terminal filaments of the pneumogastric. From ten to fifteen grains given before meals will frequently effect a cure in these diseases, when every other known method of treatment has failed. It has also been successful in the vomiting of dentition, the nervous vomiting of feeble people, and in the vomiting of pregnancy when due to a sympathetic irritation of the gastric nerves. It neutralizes the acidity, allays the vomiting, and frequently lessens the pain of gastric carcinoma. It is one of the most effective remedies for the acute attacks of gastro-intestinal indigestion of infants, and it may be prescribed with advantage in cholera infantum when the acute symptoms have subsided. Flatulent dyspepsia, acid dyspepsia, and pyrosis are frequently relieved by small doses of bismuth subnitrate. It is of marked value in the various forms of summer diarrhoea, and in the diarrhoea of infants. It can be depended upon to check the diarrhoea of phthisis and of typhoid fever, when opium and astringents have been found useless. Its good effect in these cases is probably due to its sedative and protective action upon the ulcerated surfaces of the intestines. It is equally beneficial and often curative in chronic diarrhoea, but it must be given in large doses and frequently repeated.

It is also a valuable remedial agent in the treat-

ment of acute and chronic dysentery. Obstinate cases of these diseases, which have resisted all the ordinary remedies, may be relieved and frequently cured by the rectal injection of an emulsion, containing from half a drachm to a drachm of bismuth subnitrate.

It is an excellent local application in pharyngitis, stomatitis, and aphthæ. It may be applied directly to the parts as a dry powder, or in combination with glycerine. It is also of value in chronic laryngitis, and in ulceration of the larynx. In these affections a small quantity can readily be thrown upon the inflamed or ulcerated surfaces by means of an insufflator.

Bismuth subnitrate is a valuable remedy in the treatment of acute and chronic conjunctivitis, and granular lids. It may be inhaled into the nostrils with decided benefit in all stages of coryza and ozæna. Syphilitic and non-syphilitic ulcers of the septum nasi rapidly improve from its local application. Obstinate fissures of the nipple disappear under its use. Fissures of the anus, and some forms of painful hemorrhoids are also relieved by its local application. Injections of bismuth subnitrate may be resorted to with advantage in gleet and chronic gonorrhoea. They are also serviceable in vaginitis and obstinate leucorrhoea. Bismuth subnitrate has no superior as a dressing for old ulcers, and all forms of abraded or suppurating surfaces. By its use the formation of pus is checked, a healthy action inaugurated, and the healing process rapidly carried to a favorable end. Foul wounds, or wounds that will not heal by the first intention, can be most effectively treated by a layer of subnitrate of bismuth. A similar dressing is of benefit in burns and scalds. It relieves the pain, lessens suppuration, and hastens reparative action.

Bismuth subnitrate is an excellent dusting powder in intertrigo and vesicular eczema. Its ointment is an elegant and soothing application in erysipelas, and also in sunburn and other forms of simple acute dermatitis.

The ointment of the oleate of bismuth is an efficient remedy in all pustular eruptions. In sycosis it diminishes the congestion, relieves the distressing itching and burning, and often aborts the pustules. In acne and rosacea it allays the irritation of the skin, lessens the

glandular engorgement, and frequently effects a cure of the most obstinate cases.

SELECTED ARTICLE.

PENETRATING PISTOL SHOT WOUND OF ABDOMEN; LAPAROTOMY.

SUTURE OF INTESTINES—PELVIC HEMATOMA—
RECOVERY.

BY JOHN B. HAMILTON, M.D.,

Supervising Surgeon-General U. S. Marine Hospital Service, Professor of Surgery University of Georgetown, etc.

NOTWITHSTANDING the manifest soundness of the arguments in favor of operative interference in case of penetrating wounds of the abdomen, the weight of modern authority as indicated in the surgical text-books is still against it, and it is only by the reports of cases where an actual test is made upon the human subject that the truth will ultimately prevail.

To the case recently reported by Dr. Bull, of New York, I now add the following:—

J. W. Wood, a mulatto, æt. 19, was accidentally shot by a pistol carrying a 32-calibre ball. The wound was received at 2.10 P.M., and he was taken to the Providence Hospital. There was considerable shock. I examined him at 4.20 P.M., and found that the missile had entered the skin about an inch to the right, and an inch above the navel. A flexible Nélaton probe following the track of the ball passed downward and inward under the rectus muscle and entered the abdominal cavity. The probe was withdrawn and the patient etherized. There were present Surgeon J. C. McKee, U. S. Army; Surgeon G. W. Stoner, Marine Hospital Service; and Dr. D. P. Hickling, the House Physician. The belly having been shaved, and washed with a solution of bichloride mercury, an incision was made in the linea alba about six inches long, the peritoneum raised and incised. A spurting artery was seen in the mesentery, and the abdominal cavity was full of blood. The artery was immediately tied with a fine catgut ligature, the intestines drawn out loop by loop, and the wounds stitched with Lembert's suture as fast as they could be reached. Eleven wounds requiring suture were found in the small intestines, and two in the ascending colon. The wounds va-

ried in size from a mere nick in the wall of the intestine, to those where the ball had passed directly through it, and all were everted, the mucous surface pointing out.

There was no fecal extravasation, doubtless owing to the fact that less than two hours had elapsed from the time of the injury, but a canteloupe seed was seen and removed from the mesentery. The omentum was cut by the ball in several places, and as it was difficult to stop the oozing, a ligature was placed around the wounded mass and it was cut off. All sutures and ligatures used were the finest size of carbolized catgut. The abdominal cavity was then sponged with solution of bichloride of mercury, cleaned and dried, and the incision carefully closed with deep sutures of silver wire and superficial ones of silk. Narrow strips of adhesive plaster were then placed across the incision about an inch apart, a square of sublimated gauze laid upon it, and iodoform dusted over the gauze and the surface round about. A broad flannel bandage was then placed over the abdomen, the patient placed in bed, and as there was still some shock from the combined effects of the anæsthetic and the wound, he was surrounded with bottles of hot water. Reaction took place shortly, and he was given .06 gm. of opium every three hours.

Sunday, July 12th, 8 A.M.—Temperature 100.2° F., pulse 112, respiration 20. 6 P.M., temperature 100.8, pulse 138, respiration 24. General condition good, and had slept several hours during the day. Diet confined to beef tea.

Monday, July 13th, 8 A.M.—Temperature 101.6°, pulse 112, respiration 20. Patient restless, complained of pain in wound, and in right testicle. There was much tenesmus, and a gentle effort was made to administer an enema, but the small quantity of water thrown in was without effect. The frequency of the opium was then increased to .06 gm. every two hours. The abdomen was moderately distended. A lotion of lead and opium was applied to the painful testicle.

Tuesday, July 14th, 8 A.M.—Temperature 101.4°, pulse 112, respiration 20; 6 P.M., temperature 100.8°, pulse 112, respiration 20. The distension of abdomen increased. The patient was very restless, and complained of a throbbing pain in the wound. A rubber water coil was applied during the day, and at 6.30 P.M. the lower portion of the wound was

reopened, and by suction with a syringe it was sought to ascertain whether pus was present or not. None was found, and after injecting the wound with the mercuric solution, it was again drawn together. The opium was then increased to .06 gm. every hour. Tympanites troublesome.

Wednesday, July 15th, 8 A.M.—Temperature 101° , pulse 104, respiration 16. Patient slept some during the night, but very restless. Tympanites still a source of great discomfort. 6 P.M., temperature 103° , pulse 124, respiration 28. Ether administered for the purpose of giving an enema; some fecal matter came away. The opium was then reduced to .06 gm. every three hours, and sherry wine every four hours. A flax-seed meal poultice was applied to the scrotum.

Thursday, July 16th, 8 A.M.—Temperature 100.5° , pulse 112, respiration 28. Patient had several stools during the night, had slept but little, was uneasy, and the tympanites great. At 6 P.M. temperature 101.2° , pulse 112, respiration 16.

Friday, July 17th, 8 A.M.—Temperature 98.4° , pulse 128, respiration 24. The patient had several stools during the night, which were exhausting and painful. To check the diarrhoeal tendency gave

R. Quiniae sulph. . . . gr. xv.
Tr. kino.,
Syr. rhei aromat. . . . āā ʒss.

M. et Sig.—Teaspoonful every three hours. Chicken broth substituted for beef tea.

6 P.M.—Temperature 101.5° , pulse 112, respiration 32. The tympanites still great, and a rectal tube was introduced without result.

R. Ol. terebinth. . . . ʒij.
Mucilaginis acaciæ . . . ʒij.

M. et Sig.—A teaspoonful every four hours. Opium discontinued.

Saturday, July 18th, 8 A.M.—Temperature 101.2° , pulse 112, respiration 24. Had five stools during the night, and the abdomen was quite free from tympanites. 5.30 P.M.—The patient had a convulsion lasting five minutes, and, as there had been no operation from the bowels during the day, the astringent mixture was stopped. Two silver sutures were removed and several silk ones. An exploring needle was introduced into the painful and swollen scrotum without result. 6 P.M.—Temperature 101° , pulse 112, respiration 24.

Sunday, July 19th, 8 A.M.—Temperature

100.6° , pulse 112, respiration 24. Exploring needle again introduced into the scrotum without result, and at 2 P.M. six leeches applied. Milk and lime-water added to diet, and as the diarrhoea had again set in, the astringent mixture was renewed. 6 P.M.—Temperature 100.8° , pulse 100, respiration 40.

Monday, July 20th, 8 A.M.—Temperature 100.2° , pulse 100, respiration 24. No stool during night, but large quantities of flatus passed. The testicle still painful, fluctuation present, incision made, pus to the amount of ten ounces was evacuated, and the cavity washed out with the compound solution of bromine. At noon the patient was cold, and extremities bathed in clammy perspiration. He was sponged with hot mustard water. At 4.30 P.M. one small stool was passed, containing two lumbricoid worms. 6 P.M.—Temperature 100° , pulse 100, respiration 28. At midnight, the coolness of extremities continuing, whiskey 16 gm. was given every hour.

Tuesday, July 21st, 8 A.M.—Temperature 99.8° , pulse 92, respiration 28. Whiskey stopped at 9 A.M. 4 P.M.—The patient had epistaxis. 6 P.M.—Temperature 100° , pulse 104, respiration 24.

Wednesday, July 22d, 8 A.M.—Temperature 99.6° , pulse 90, respiration 24. 6 P.M.—Temperature 100.2° , pulse 100, respiration 24.

Thursday, July 23d, 8 A.M.—Temperature 99.6° , pulse 88, respiration 24. Tongue furred. Ordered quiniae sulph. .24 gm. three times daily. At 5 P.M., Dr. Hickling found the patient in great tenesmus, requiring bedpan constantly; only mucus passed the rectum, and an enema was ordered which returned about four ounces at a time. At 10 P.M., the tenesmus again coming on, the doctor made an examination and discovered a large tumor in the pelvis pressing on the rectum. A hypodermic injection of morphia was given and the patient slept four hours, after which the pain returned, and while on the bedpan he passed the bullet.

Friday, July 24th, 8 A.M.—Temperature 99.8° , pulse 88, respiration 20. The patient's general condition was very good. I examined the tumor through the rectum and found it to be a pelvic hæmatoma. As the tumor seemed quite solid at its upper portion, I felt quite confident that nothing but its breaking down would relieve the violent and almost constant tenesmus, so I passed a narrow-bladed knife through the rectum in the median

line, about two inches within the anus, directly into the tumor. There gushed out at once about a pint and a half of thin, badly-smelling blood, and as the patient seemed so weak I did not complete the operation by passing an instrument into the puncture and breaking down the clot. In a few minutes another fit of tenesmus came on, during which about the same quantity of badly-smelling blood came out through the puncture, and I became anxious to control its flow, as the patient was almost in syncope; a plug of lint was inserted in the rectum above the puncture, and the portion below filled with ice. Hypodermic injections of whiskey with ammonia were administered. Hot beef tea given by the mouth, hot bottles placed around him, and the foot of the bed elevated. He revived and commenced to improve.

Saturday, July 25th, 8 A.M.—Temperature 101° , pulse 112, respiration 28. Patient still weak; the plug was removed from the rectum. Beef tea with milk punch every two hours. 6 P.M.—Temperature 100° , pulse 112, respiration 24.

Sunday, July 26th, 8 A.M.—Temperature 99.8° , pulse 104, respiration 28. Passed a small amount of feces during the night. The tumor could still be felt through the rectum, but only about one third the original size.

From this time on the patient steadily progressed toward recovery. On the first of August the hæmatoma had entirely disappeared, and he was discharged well on the eighth of August, and on that day went by rail to his home, near Charlottesville, Va.

The record of this case, kept so accurately by Dr. Hickling, I have transcribed at the risk of being tedious, but I do so that one may be impressed with the incalculable care and patience required to successfully treat these cases. In regard to the passage of the bullet, I had observed, when sewing up the last wound in the colon, that there was no counter opening, and as I could find no abrasion of the pelvic wall, nor of the iliac fossæ, I was forced to the conclusion that the bullet had remained in the bowel. I therefore gave orders that all fecal discharges should be carefully examined, which was systematically done from the time of the first discharge until the passage of the bullet.

As the patient's recovery prevented an actual observation of the cause of the hæmatoma, I can, of course, only offer a conjecture, and

that is, that oozing continued from the mesentery, there was a large nick chipped out of the connective tissue next the small intestine in one place, which, as the ball did not penetrate the intestine nor rupture an artery, I did not think it worth while to tie in a mass. I now think the spot should have been touched with caustic or some styptic. The actual cautery could not have been used on account of the danger of penetrating the intestine. Had this cut received attention, it is possible that the pelvic hæmatoma with its attendant complications might have been avoided. This latter complication is scarcely mentioned in the surgical works, certainly not in connection with wounds of this character. Pelvic hæmatoma in the female, on the contrary, has a quite extensive literature, but I have not seen it prominently mentioned that its most aggravating feature is the pressure on the rectum accompanying it. It is not easy to thoroughly clean the abdominal cavity where there has been considerable hemorrhage. The surface of the bowels will be found smeared with blood, and the "toilet of the peritoneum" cannot be made with such perfection as it is possible to attain in ovariectomy, so that it is doubtful if the coming statistics of the operation will prove as favorable as in ovariectomy; but even with that disadvantage they will be vastly superior to the statistics of the wounds without operation.—*From the Journal of the American Medical Association.*

CORRESPONDENCE.

THE ALLEGHENY COUNTY MEDICAL SOCIETY.

DR. J. V. SHOEMAKER:

Dear Sir: At a meeting of the Allegheny County Medical Society of Pennsylvania, held August 25, 1885, the resolutions passed at the July meeting were rescinded, and the following preamble and resolutions, offered by Drs. Wood, Dunn, and Pollock, adopted:—

Whereas, in the unfortunate state of affairs now existing relative to the proposed meeting of the International Medical Congress, to be held in Washington, D. C., in 1887, it becomes the duty of every physician who has the welfare of the profession at heart to give the matters of difference calm and deliberate consideration, and

Whereas, The basis of organization of the International Congresses heretofore held has been broad enough to include the regular medical profession of all sections and countries, therefore be it

Resolved, That we reaffirm our allegiance to the American Medical Society and its Code of Ethics.

Resolved, That we hereby indorse the action of the American Medical Association at its meeting in New Orleans, whereby *from its own membership* it added to the original Committee of Arrangements one member from each State and Territory, and from the Medical Corps of the United States Army and United States Navy and Marine Hospital service.

Resolved, That this Society indorses the action of the Committee of Arrangements at its recent meeting in Chicago, in deciding that all persons by it appointed to, or recommended for *official position* in said Congress, shall be members of Associations in *affiliation with, and therefore responsible to*, the American Medical Association.

Resolved, As the deliberate sense of the Allegheny County Medical Society of Pennsylvania, that the proposed meeting of said International Medical Congress should be organized on the same liberal and enlightened foundation as those preceding, and to that end we earnestly recommend the Committee of Arrangements to discard the Code question as far as *membership* is concerned, and to open the door to all members of the regular medical profession who may comply with the requirements of registration.

Resolved, That the secretary furnish a copy of the foregoing resolutions to the Secretary of Committee of Arrangements, to the Secretary of the American Medical Association, and that he shall also furnish copies of the same to the Journal of the American Medical Association, and to the Medical News for publication.

J. G. CONNELL, *Secretary*.

PITTSBURGH, Pa., August 26, 1885.

OUR TEXAS LETTER.

AUSTIN, TEXAS, August 8, 1885.

Editor Medical Bulletin, Philadelphia.

DEAR SIR: Since my last letter mighty events have transpired in Texas; the "rural deestricts" are being heard from. And now comes the Dallas County (Texas) Medical Association (at least some of its members), and speaking in the name of and for the Dallas County Medical Association, say: "We, the people of Texas," no, we, the Dallas County Medical Association, do respectfully whereas and resolute to the effect that while we are all of us Old Code men—friends and supporters of the American Medical Association—we do at the same time solemnly declare that the American Medical Association did "unwisely and untimely rescind its former action, which re-

actionary movement has deranged, if not indefinitely suspended; the work of the original committee, which was satisfactorily progressing," etc.; and, furthermore, we Old Coders and friends of the American Medical Association, exercising a paternal right over the said youngster—the American Medical Association—must say, and thereby give it a rap over the knuckles, that the "deplorable interregnum" has been "brought about, we believe, by an ill-considered, hasty action of the American Medical Association at the New Orleans meeting." This society is "fully satisfied with the work of the original committee;" further, "this society looks beyond a narrow-minded policy of personal aggrandizement and sectional interest, and heartily commends the recent action of our Philadelphia and New York brethren, and we pledge them our hearty support and good will in their efforts to"—to tear down the whole superstructure line of organized national medicine built upon the Code of Medical Ethics.

The presumption—a county society in Texas sets up its opinion against that of the American Medical Association and ex-Speaker Randall, and criticizes the action of the Association. It can be compared to nothing else in the heavens above, nor the waters beneath the earth, than to a magistrate's court disputing the decision of a high Court of Appeals, and begging leave to differ with said high Court of Appeals.

In view of the fact that Texas was represented at the American Medical Association meeting in New Orleans by sixty-nine delegates and as many more permanent members and applicants for membership—all of whom voted to sustain the action of the American Medical Association, amongst the number being two or more representative physicians from Dallas—this mighty matter took us somewhat by surprise. We are happy to be able to say that the delegates from Dallas to New Orleans, and who voted, as above stated, to support the American Medical Association in the course it took, did not subscribe to the resolutions passed at the Dallas County Medical Society meeting, yet the resolutions are promulgated in the name of the society. It is to be observed that no names are signed to this wonderful declaration of sentiment.

It does seem strange that most persons who are in sympathy with the New Code men should insist that the Code question was introduced into the controversy at New Orleans, and was the cause of the split, when the facts are that the clash between the original committee and the Association was primarily on the *right* of the committee to make *any* appointments at all. The committee claiming that the instructions under which they acted gave them plenary powers, they acted accordingly, while the Association, re-

garding the committee as one of arrangements only, said to them in effect, "if you so understand the instructions, you misapprehend the wishes of the Association, for it was not so intended. This Association reserves to itself, through its Nominating Committee, or otherwise, the right to make the appointments to the offices of the Congress."

Thus the question of their being New Code men on the list of appointments made by the committee was a secondary matter, a side issue growing out of the usurpation of a function which belongs, by rule, precedent, usage, and custom, to the Nominating Committee, wherein all representatives in the Association have a voice.

The origin of the whole trouble was the failure or omission of this committee to meet again before publishing the list of appointments, thereby giving it the aspect of being the official action of the Association. At the Washington meeting of the committee, these names had been agreed upon by a sub-committee of three, we believe, to whom the matter had been left. That sub-committee surely should have reported to the full committee, and the full committee should, in ordinary courtesy, have submitted to the Association the list for approval or ratification, before proceeding to publish it. Had this been done, as was clearly the proper course, the committee would have been spared the reprimand—the reminder that they had been a little too smart, and thus all the sequences which have resulted from that reminder would have been avoided.

By this failure or omission to "report progress" before announcing their action as final, the American Medical Association was placed on the defensive. The Association was given the alternative of submitting to a flagrant wrong—a high-handed usurpation of one of its highest and most responsible prerogatives, on the one hand—or of saying gently to the committee, "beg pardon, gentlemen, the Association reserves the right to appoint the members of the Congress, and, as it is proposed to do so, as is customary, through the Nominating Committee, in order that all representation by membership may have a voice, the Association does not approve of your having done so without its knowledge or consent, and particularly as you have seen fit to make all, or nearly all of the appointments from a few northeastern cities, including a set of men who have openly repudiated the Code of Ethics of this Association, thus placing themselves outside the pale of recognition by this Association."

The Association, we say, was given the choice of being made to condone a usurpation of its own functions, whereby aliens had been placed in the highest offices of the Congress, or of

making somebody mad. Thus it will be seen by all fair-minded and unprejudiced persons that the Code question, instead of having been introduced into the matter of organizing the Congress by us, *i.e.*, the Association and its friends, as repeatedly charged by the disgruntled, was really forced upon the Association by the committee itself. The Association has been placed in the position of a certain little boy named Johnny. Tommy sings out, "Ma, make Johnny *behave* hisself!" "What's Johnny doing, my son?" "Why, every time I hit him on the head with this tack hammer, he—he hollers!" The American Medical Association must now be made to apologize for objecting to the perpetuation of an act whereby its enemies were to be foisted upon it as its chosen representatives in an International Congress.

The failure on the part of the Sub- or Executive Committee of three, to whom was intrusted the selection of officers with instructions to report back to the full committee to comply with its instructions in that regard; the utter failure of the committee to report to the American Medical Association what its Executive or Sub-Committee had done or proposed to do before publishing the whole thing as final action, and creating the impression that it had the sanction of, or was done by authority of the American Medical Association, gives to the charges made by Dr. Shoemaker, of bargain and collusion, on the part of the committee, with the New Code Men at Copenhagen, a very strong appearance of probability, to say the least of it. If the committee had not promised or agreed,—in consideration of, we do not know what, perhaps assistance in securing consent to accept the invitation to meet in America,—to see that these New Code men were appointed to prominent positions (as charged by Shoemaker), why, we ask, was the committee so very over anxious that they should be? If, we say, the committee did not feel a sense of obligation, why did they insist to such an extent that Dr. Flint had to threaten to resign? and, even after promising Dr. Flint that they would cease to urge a certain particular objectionable New-Coder, why, I say, did they hasten to forestall any objection on the part of the Association,—fail to report, as promised, to the full committee,—but hurried to consummate the thing with a most unnecessary and unbecoming haste? Although most of the members at New Orleans, who objected to this game, were generous enough to acquit the committee of any intention of wrong-doing, it looked very much as if Shoemaker's assertions were true to the letter. Thus was the "Code Question" dragged into the controversy by those who now complain that it should not have been, and not by the Association itself nor by any of its members. And I want

to say right here, that all the stuff about "language unfit for print" having been used during the debate, and about "putting a noose around the New Code men's necks," is all the sheerest nonsense, and had no other existence except in the fertile brain of the American Practitioner, the Philadelphia News, and a few of that sort. Dr. King, of Missouri, said he was in favor of cutting off the heads of the New Code men about in the way we speak of official decapitation. The American Practitioner says, the "agitators spoke often and well." They certainly spoke earnestly in defence of principle, honor, and right, and urged the Association not to condone an act of usurpation of authority, whereby they would forever let go out of their hands the exercise of one of its highest and gravest prerogatives, and thus establish a dangerous precedent. Dr. Shoemaker spoke first, Dr. Daniel next, Drs. Saunders, Keller, King, Quimby, Bird, Hamilton, and others, followed, and though there was much warmth and earnestness in their speeches, I protest and deny that any violent or discourteous or offensive language was used.

But to return. The question as it stands to-day is reduced to one of expediency, the concurrence of legal opinion being that the American Medical Association "was competent" to take the action it did; but the question has been asked, "Was it wise?" Was it to the best interest of the profession of the United States that the Association should follow rule and precedent and custom, and reserve to itself the appointing of the officers of the Congress? or, as a matter of "expediency," rather than offend a few who had appropriated to themselves, and a coterie of New Code friends, all the most important positions, put expediency above right, submit to a flagrant wrong, let pass unrebuked a high-handed act, and thus put on record a precedent whereby any committee of arrangements in future may, with impunity, transcend its instructions and set at naught the authority of the Association, whence it derived its existence?

Perhaps, if all this furore and dissatisfaction could have been foreseen, many conservative members would have counseled the latter course; would have sacrificed right and principle to expediency and policy. But who could have foreseen such an unreasonable occurrence? Who could have anticipated that a lot of gentlemen of intelligence would do an act more becoming a petulant school-boy,—one for which no reason can be assigned? Men usually have motives for acts, great and small. If you contemplate doing a certain thing, you can calculate what another will do, as a result of your action, by putting yourself in his place and judging of what he will do by what you would do if similarly situated. But, in this instance, you would never have sup-

posed conduct like that which has followed the Chicago meeting, by a few physicians, possible. They having assigned no reason, must have acted from impulse, and we are left to infer even what the impulse was. Was it vexation and spite at being thwarted in a game which had not the sanction of the law or of the Association, but which gave them and their friends all that is desirable in connection with the International Congress? Was it sympathy with the New Code men? Very evidently it was; yet how many of the bolters—members of the American Medical Association—are willing to acknowledge it? Yet, take away that as a cause for their dissatisfaction, and only one other possible cause remains that we can see, and that is, dissatisfaction at Dr. Shoemaker's appointment! Who appointed Dr. Shoemaker? The Pennsylvania delegation, representing the entire medical profession of that great State, chose him to represent and speak for them, and this choice was ratified by a majority of the Committee of Arrangements representing each State, and therefore representing a majority of the reputable, ethical profession of America! "Unpopular!" forsooth,—that looks like unpopularity!

If the profession of the State of Pennsylvania had wanted Dr. I. Minis Hays, or any other man as representative of their sentiments, why did they select Dr. Shoemaker? If he is so particularly objectionable as secretary of the Committee of Arrangements, a position declined by Dr. Billings when put in nomination at Chicago (secretary, we say, of the Committee of Arrangements, and not secretary-general of the Congress, as the disingenuous New Code organs would make believe, though they know better), why was he elected? Because he was the choice of the majority, and in this country all law-abiding and peace-loving citizens feel in honor bound to obey the voice of the majority!

MEDICAL NEWS AND MISCELLANY.

DR. JAMES C. WHITE has removed to 259 Marlborough Street, Boston.

DR. S. J. RADCLIFFE, of Washington, D. C., has removed to 1523 K. Street, N. W.

DR. L. M. BINGHAM, of Burlington, Vt., has been elected Professor of Surgery in the University of Vermont.

DR. JAMES F. HIBBERD, of Richmond, Ind., has received the degree of LL.D. from the Indiana State University.

DR. JULIUS POHLMAN, of Buffalo, N. Y., has been appointed Lecturer on Physiology in the Buffalo Medical College.

DR. VINTRAS, Senior Physician of the French Hospital, London, has been appointed an officer of the Legion of Honor.

DR. W. F. GLENN, Professor of Physiology in Nashville Medical College, was married on June 18th to Miss Addie Burns.

DR. HENRY WILE, late Clinical Assistant in Dermatology in the University of Pennsylvania, has removed to Atlanta, Ga.

PROF. S. OAKLEY VANDER POEL will deliver the Alumni Lectures, for 1886, before the Alumni Association of Albany Medical College.

DR. EDWARD HARTSHORNE, one of the most prominent physicians of Philadelphia, died on June 22d in the sixty-eighth year of his age.

THE SANITARY MONITOR, which is ably edited by Dr. J. F. Winn, is a new journalistic venture at Richmond, Va., and will be devoted to sanitary science.

DRS. J. L. LUDLOW and N. Hickman, of Philadelphia, have been appointed members of the Board of Pension Examining Surgeons; Dr. H. E. Goodman, of the same Board, has been reappointed.

DR. W. K. BOWLING, ex-President of the American Medical Association, and one of the most eminent practitioners of medicine in the United States, died at his residence, near Nashville, Tenn., on August 6th.

W. R. WARNER & Co. have received the first premium at the World's Exposition, New Orleans, for the great uniformity and solubility of their sugar-coated pills. This is the ninth World's Fair prize which attests to their excellence.

THE Commissioners of Public Charities of Louisville have established a Gynecological Department in the City Hospital, and placed it under the charge of Professor W. H. Wathen, Dean of the Kentucky School of Medicine.

LUCIUS E. SAYRE, Ph. D., of Philadelphia, has been elected to the Chair of Pharmacy in the Kansas State University. Professor Sayre is well known as one of the most skillful pharmaceutical chemists of this city, and has a national reputation as an author and lecturer.

THE CONNECTICUT STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, E. C. Kinney, of Norwich; Vice-President, Samuel Hutchins, of Danielsonville; Treasurer, E. P. Swasey, of New Britain; Secretary, S. B. St. John, of Hartford.

THE AMERICAN OPHTHALMOLOGICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. F. Norris, Philadelphia; Vice-President, Dr. Hasket Derby, Boston; Sec-

retary and Treasurer, Dr. O. F. Wadsworth, Boston; Corresponding Secretary, Dr. J. S. Prout, Brooklyn.

THE MEDICAL CHRONICLE, of Baltimore, has become consolidated with the Philadelphia Medical Times. Dr. George H. Rohe will assist Dr. Woodbury in the management of the latter journal, which, in token of its increased scope and non-sectional character, will hereafter be known as The Medical Times.

THE following solution for the subcutaneous injection of iron in anæmia is recommended by Dr. Martinetti, in whose hands this treatment has met with success. The dose is one cubic centimetre each injection—

R. Ferri citratis recentis . . . 2 grammes.
Aquæ laurocerasi . . . 20 grammes.

M.

THE OHIO STATE MEDICAL SOCIETY, at its last annual session, elected the following officers: President, W. Morrow Beach, of London; Vice-Presidents, Drs. H. C. Gill, H. R. Kelly, Thomas Mackebright, and J. D. Robinson; Treasurer and Librarian, Dr. T. W. Jones, of Columbus; Secretary, G. A. Collamore, of Toledo; Assistant Secretary, Dr. E. C. Brush, of Zanesville.

DR. MAURIAC gives the following solution for dressing cutaneous eruptions, such as syphilides and mucous patches—

R. Chloral hydrat. 5 grammes.
Tincturæ eucalyptus . . . 10 grammes.
Aquæ destillatæ . . . 500 grammes.

M. S. —Ft. solutio.

—Paris Correspondence Phila. Med. Times.

THE MISSISSIPPI VALLEY MEDICAL SOCIETY will meet at Evansville, Ind., September 8th, 9th, and 10th, 1885. The officers are: President, Dr. F. W. Beard, Vincennes, Ind.; First Vice-President, Dr. A. B. Miller, Mo.; Second Vice-President, Dr. J. A. Sutcliffe, Ind.; Third Vice-President, Dr. E. H. Luckett, Ky.; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Assistant Secretary, Dr. H. J. B. Wright, Ill.

THE MICHIGAN STATE MEDICAL SOCIETY, at its twentieth annual session, elected the following officers for the coming year: President, Dr. E. P. Christian, of Wyandotte; Vice-Presidents, Dr. Patterson, of Charlotte, Dr. Carstens, of Detroit, Dr. Griswold, of Grand Rapids, Dr. Alvord, of Battle Creek; Treasurer, Dr. A. R. Smart, of Hudson; Secretary, Dr. George E. Ranney, of Lansing.

THE KENTUCKY STATE MEDICAL SOCIETY, at its last annual meeting, elected the following officers: President, J. P. Thomas, M.D., Pembroke; Senior Vice-President, J. A. Shirley, M.D., Winchester; Junior Vice-President, R. C. McCord,

M.D., Lebanon; Permanent Secretary, J. Steele Bailey, M.D., Stamford; Assistant Secretary, Fayette Dunlap, M.D., Danville; Treasurer, Ed. Alcorn, M.D., Hustonville; Librarian, J. S. Taylor, M.D., Warren County.

GLYCERITE OF ALUM.—Dr. R. W. Walker (British Medical Journal) says a valuable astringent can be made by dissolving one ounce of alum in five ounces of glycerine by means of gentle heat. The preparation thus made is four times as strong as a saturated aqueous solution. It can be used as a gargle, injection, or lotion, whenever a powerful astringent is needed. Dr. Walker has found it very efficacious as a gargle in several cases of chronic pharyngitis.

Dr. AUVARD finds the following to be the best antiseptic for use in those annoying cracks in the mammary gland that so often finish by suppuration—

R. Aquæ destillatæ	200 grammes.
Acid. boric.	6 grammes.

M.

Apply on a compress, and cover over with a wad of cotton. It will take away all pain and inflammation, and is less dangerous than corrosive sublimate.

MIAMI MEDICAL COLLEGE.—W. H. Taylor, M.D., Professor of Obstetrics and Clinical Midwifery, has been elected Dean of the Faculty. Dr. N. P. Dandridge has been appointed Professor of the Practice of Surgery and Clinical Surgery. Dr. W. A. Rothaker has been elected Professor of the Principles of Surgery and General Pathology. Dr. Daniel Millikin, of Hamilton, Ohio, has been appointed Lecturer on Hygiene and Medical Jurisprudence.

MEDICAL COLLEGE OF OHIO.—Hon. W. F. Force, President of the Board of Trustees, has been appointed Lecturer on Medical Jurisprudence. Philip Zenner, A.M., M.D., has been made Clinical Lecturer on Nervous Diseases. Frederick Kehler, M.D., will deliver a series of lectures on Hygiene in addition to his lectures on Pathology. Dr. W. B. Percival, of the Class of 1883, has been elected Professor of Chemistry in the University of Southern California, at Los Angeles.

BRITISH MEDICAL ASSOCIATION.—The fifty-third annual meeting of the British Medical Association was held in Cardiff, on July 28th, 29th, 30th, and 31st, James Cuming, M.D., F.R.C.S., of Belfast, President; W. T. Edwards, M.D., F.R.C.S., of Cardiff, President-elect. The address in Therapeutics was delivered by W. Roberts, M.D., F.R.S. The address in Surgery was delivered by John Marshall, F.R.C.S., F.R.S. The address in Public Medicine was delivered by Thomas Jones Dyke, F.R.C.S.

THE ILLINOIS STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. A. Byrd, of Quincy; First Vice-President, Dr. W. T. Kirk, of Atlanta; Second Vice-President, Dr. A. Wetmore, of Waterloo; Permanent Secretary, Dr. S. J. Jones, of Chicago; Treasurer, Dr. Walter Hay, of Chicago; Judicial Committee, Dr. E. Ingals, of Chicago, Dr. F. B. Haller, Vandalia, Dr. W. Hill, Bloomington; Assistant Secretary, Hiram Luce, Bloomington; Members of Committee of Arrangements, J. L. White, T. F. Worrell, Lee Smith, A. T. Barnes, William Hill, of Bloomington.

MISSOURI MEDICAL COLLEGE.—The following changes have been made in the faculty of Missouri Medical College. Dr. G. B. M. Maughs has resigned and been made Emeritus Professor. Dr. G. A. Moses will take his place as Professor of Obstetrics and Diseases of Women. Dr. J. P. Kingsley has been elected Professor of Materia Medica, Therapeutics, and Diseases of Children. Dr. Ludwig Bremer has been elected Professor of Physiology, Histology, and Pathological Anatomy, and Director of the Biological Laboratory. Dr. A. V. L. Brokaw has been appointed Assistant Demonstrator and Clinical Assistant to the Chair of Surgery. Dr. Justin Steer has been elected Lecturer on Clinical Medicine.

THE THIRD ANNUAL MEETING OF THE AMERICAN RHINOLOGICAL ASSOCIATION will be held in Lexington, Ky., October 6th, 1885. The papers and discussions will be devoted exclusively to the diseases of the nasal passages and their sequences. Officers for 1885: President, P. W. Logan, M.D., Knoxville, Tenn.; First Vice-President, A. De Vilbis, M.D., Toledo, Ohio; Second Vice-President, J. A. Stucky, M.D., Lexington, Ky.; Recording Secretary, C. A. S. Sims, M.D., St. Joseph, Mo.; Librarian, N. R. Gordon, M.D., Springfield, Ill.; Council, J. G. Carpenter, M.D., Stanford, Ky.; H. Jerard, M.D., East Lynne, Mo.; H. Christopher, M.D., St. Joseph, Mo.; E. F. Henderson, M.D., Los Angeles, Cal. Information concerning the full programme, membership, papers, attendance, etc., may be learned from any of the above officers of the Association.

BRUCINE AS A LOCAL ANÆSTHETIC.—Dr. Thomas J. Mays (Therapeutic Gazette) says, a ten per cent. solution of brucine will relieve the scalding on the tongue caused by cayenne pepper; and a five per cent. solution acts very readily in aphthæ of the mouth. The same solution cured a toothache in an old stump in a few minutes.

On the cutaneous surface its action is the most decided and definite. On the back of the hand even the weaker solutions produce a benumbing effect, while a ten or twenty per cent. solution causes a very marked impairment of sensibility.

Dr. Mays applied croton-oil liniment to the arm, and in the course of six hours two applications of a five per cent. solution of brucine relieved the itching and pain, and the pustulation also seemed to disappear from that time on. The same solution gave immediate relief to the intense pain caused by a too lengthy application of a mustard plaster. He applied a five per cent. solution in two cases of pronounced cutaneous pruritus, which was in all probability a reflected condition, dependent on some uterine irritation, with marked relief in both of them.

PARACENTESIS OF THE PERICARDIUM.—Dr. Thomas F. Raven (Lancet) reports a case of purulent pericarditis, in which the pericardium was aspirated three times. About a quart of pus was withdrawn on each occasion with marked temporary relief. Incision of the pericardium and drainage were then proposed, but the patient declined further interference, and, as his condition seemed almost hopeless from the first, it was not pressed. He lived for a week after the last operation.

At the *post-mortem* examination a much thickened and dilated pericardium was found, containing more than two pints of sweet, well-formed pus, with some flocculent masses. The surface of the pericardium was roughened. An old adhesion existed between the heart's apex and the pericardium, of dense fibrous tissue. By distension of the bag of the heart, this adhesion had become stretched out to the length of two inches. The heart was healthy; the liver was depressed by the distended pericardium; both lungs were engorged and oedematous, but not hepatized. A small abscess was found in the left lung at the extreme base.

MALARIAL PARALYSIS.—Dr. C. B. Stockwell recently presented an interesting paper before the Michigan State Medical Society, on "Functional Paralysis (motor and sensory) of the Extremities, due to Malarial Poisoning." A *résumé* of seven cases was given, six of which had been under the writer's care, and were observed during the past six years. An analysis of the cases showed various functional disturbances of the nerves in the extremities, ranging from slight coldness and numbness to complete loss of sensation and volition. All four extremities, from elbows and knees down, were involved in five of the seven cases, the lower extremities alone in another, and the most of one side in the remaining one. The latter two were cases of both motor and sensory paralysis. The others were chiefly, if not entirely, cases of sensory paralysis. The region over the mental foramen was implicated in these cases. The tongue was involved in one.

The attacks, almost without exception, oc-

curred in the spring and fall. Increase of temperature and pulse was not marked in any case, and almost absent in some. The intellectual faculties were not disturbed. No tenderness over any part of the spine could be found. The periodicity was marked, being either quotidian, tertian, or weekly. In one case a paroxysm came on each Thursday morning for eight successive weeks, lasting not over twenty-four hours. In another the paroxysm came on every Tuesday. The cases yielded readily to antiperiodics, and recovery was perfect in all.

TYROTOXICON (Cheese Poison).—Dr. V. C. Vaughan presented to the Michigan State Board of Health, on July 14th, a report of his investigations on poisonous cheese. It is well known that cases of severe illness frequently follow the eating of cheese.

The symptoms, as reported by German and American physicians, agree quite closely, and are as follows: Dryness of the mouth and throat, with a sense of constriction, nausea, vomiting, diarrhœa, headache, sometimes double vision, and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule, recovery occurs in a few hours, or, at most, after a few days. The symptoms of cheese poisoning and those of sausage, canned meats, and fish poisoning are very similar, though death results more frequently from the others mentioned than from cheese poisoning.

The samples of cheese examined had no peculiarities of appearance, odor, or taste, by which it could be distinguished from good cheese.

There is no certain means, aside from a chemical examination, by which a poisonous cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by Dr. Vaughan a year ago, and it is as follows: Press a small strip of blue litmus paper (which can be obtained at any drug-store) against a freshly-cut surface of the cheese; if the paper is reddened instantly and intensely, the cheese may be regarded with suspicion. When treated in this way any green cheese will redden the litmus paper, but ordinarily the reddening will be produced slowly and will be slight. If the piece of cheese be dry, a small bit should be rubbed up with an equal volume of water, and the paper should then be dipped in the water. Dr. Vaughan does not regard the above test as free from error, but as the most reliable ready means now known.

Nature of the Poison.—Dr. Vaughan has succeeded in isolating the poison, to which he has given the name of tyrotoxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese. The poison was obtained in long, needle-shaped crystals, which are freely soluble in water, chloroform,

alcohol, and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp, stinging pain at the point of application, and in a few minutes dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting, and diarrhoea.

The first step in the study of cheese poisoning has been taken by finding out what the poison is. Efforts will now be made to ascertain the means for preventing its formation.

NEW CODE ETHICS.—The following correspondence, from the Journal of the American Medical Association, needs no comment:—

To the Editor of the Journal:

DEAR SIR: I enclose herewith a letter addressed by me to the editor of the Record a few days since. You will see he made a perfectly gratuitous attack upon my professional integrity, and when requested, through a perfectly polite note, to publish my denial of it, he attempts to add insult to injury by declining to do so, and pronouncing my note discourteous. I beg that you will do me the favor to give my note to Dr. Shrady a place in your journal, in order that I may be set right before my professional brethren.

Very truly and respectfully,

A. Y. P. GARNETT.

WASHINGTON, D.C., August 2d, 1885.

To the Editor of the Medical Record:

DEAR SIR; Upon my return to the city to-day my attention was called to the following paragraph, which appears in your issue of the 18th inst.:

"CONSULTING WITH HOMŒOPATHS.—The wife of Mr. Bayard, Secretary of State, has been lying ill at Wilmington, Del., under the care of a homœopathic physician, Dr. Argendank. The daily papers assert that regular physicians, among them Dr. Gardiner (Garnett?), of Washington, have been in consultation with the physician in attendance."

As you are the zealous and aggressive organ of the New Code sect, who advocate and practice such professional association, I am constrained to believe that the introduction of my name in this connection was intended as a high compliment to me. It is, therefore, with feelings of deepest chagrin and regret that I find myself compelled, by a regard for the truth, to confess to you that I have never either seen or spoken with the lady referred to, and consequently could not have enjoyed the privilege of participating in a consultation so unequivocally commended by you.

Very respectfully yours,

A. Y. P. GARNETT, M.D.

WASHINGTON, July 24th, 1885.

MY DEAR SIR: As your suggested charge that I had been in consultation with a homœopathic

physician has been sent broadcast to the professional world, I trust you will recognize the justice and propriety of giving equal publicity, through the columns of your journal, to the enclosed reply.

Very truly and respectfully,

A. Y. P. GARNETT.

To Dr. Shrady.

WASHINGTON, D.C., July 25th, 1885.

BOOK REVIEWS.

Perils of American Women, or a Doctor's Talk With Maiden, Wife, and Mother. By G. L. AUSTIN, M.D., with a Recommendatory Letter from MRS. MARY A. LIVERMORE. Boston: Lee & Shepard, Publishers. 1885.

A non-professional work for female readers. It is readable and chaste in style, sound in its doctrines, and, in short, one of the very best works of the kind we know of.

The London Medical Student, and other Comicalities. Selected and composed by HUGO ERICHSEN, M.D. Published by Dr. H. Erichsen, 11 Farmer Street, Detroit, Mich. Price, \$2.00.

This book is a reproduction of a series of papers that appeared in London Punch about fifty years ago, to which is appended a large number of medical anecdotes clipped from the various journals. Many interesting anecdotes are well compiled in this volume, although occasionally at the expense of chastity.

The Medical Directory of Philadelphia, Pennsylvania, and Delaware, and the Southern Half of New Jersey. P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Price, \$2.50.

The names and addresses of all members of the medical, dental, and pharmaceutical professions in this city and the adjoining States named, are given most accurately, fully up to the present time. The educational institutions, societies, hospitals, and dispensaries, general and special, and in fact all and everything that concerns the medical profession, here receive notice. The directory is not only useful, but a necessity to all physicians, dentists, and pharmacists practising within the limits that it covers. It is neat, compact, and practically arranged.

The Physician Himself, and What He Should Add to His Scientific Acquirements in Order to Secure Success. By D. W. CATHELI, M.D., late Professor of Pathology, College of Physicians and Surgeons, Baltimore, Md. Fourth edition. Octavo, 284 pages, \$2.00. Cushings & Bailey, Publishers, 262 W. Baltimore St., Baltimore, Md.

The fact that this work has already reached a fourth edition proves that its appearance was timely and its contents valuable.

Nearly every page is full of the best advice and no mistake can be made in following its precepts.

Every young physician, and many old ones, need a copy of this work. Its style is attractive, its typography excellent, and its success well deserved.

A Treatise on Abdominal Palpation as Applied to Obstetrics, and Version by External Manipulations. By A. PINARD, Associate Professor in the Faculty of Medicine in Paris, etc. Translated by L. E. NEALE, M.D., Demonstrator of Obstetrics in the University of Maryland, etc. New York: J. H. Vail & Co., 21 Astor Place, 1885.

Until Dr. Neale translated the classic work of Dr. Pinard, there was no complete treatise on abdominal palpation in the English language; hence the appearance of this little work is very timely. The translator has faithfully and eloquently followed the original work, thus giving us in a very acceptable form the most valuable literature on this attractive branch of obstetrics. To every accoucheur this book will be found a valuable aid, and to students of the University of Maryland it will be indispensable.

Tracts on Massage. No. 1. The Art of Massage. Translated from the German of RIEBMAYER, with Notes. By BENJAMIN LEE, A.M., M.D., Ph.D., late President of the American Academy of Medicine, Member of the American Medical Association, etc. Published by Benjamin Lee, A.M., M.D., Ph.D., Philadelphia.

Riebmayer well says that massage is an auxiliary method of treatment which is adapted to the present skeptical age. Beneficial results follow its employment so immediately, being often not only visible to the eye but recognizable by the touch, that the most stubborn unbeliever is compelled to acknowledge its value. It must, however, be applied at the appropriate time, and in a systematic manner. In many cases the manipulation, to be effective, must be made directly over the affected part, while in other cases it is of more advantage to first manipulate the contiguous healthy tissues. The practical reasons for this difference in procedure, as well as an elaborate description of the best methods of performing cervical, abdominal, and general massage, are detailed in Dr. Lee's admirable and instructive translation, which we commend to our readers as worthy of their most careful attention.

A Guide to the Diseases of Children. By JAMES FREDERICK GOODHART, M.D., F.R.C.P. Re-

vised and edited by LOUIS STARR, Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885.

The American edition of Dr. Goodhart's work on diseases of children contains not only the valuable views of the author, but also much practical material from the editor, Dr. Louis Starr. The author has carefully confined his description of the various diseases treated simply to childhood, and has thus wisely omitted much that usually makes books on diseases of children too extensive and not sufficiently practical.

The author and editor have both laid especial stress upon the treatment of all the affections which are also briefly but well described. Among the most useful subjects that have received most careful attention, is that of diet of children in health. If it is necessary, adds Dr. Goodhart, to make any addition to the breast milk, good cow's milk may be tried first, and it is to be diluted with an equal part of water slightly sweetened with sugar of milk or lump sugar, six tablespoonfuls to be given at a meal. The other additions to milk, as well as the consideration of all forms of food for children, and the intervals at which to administer them, are clearly and well set forth in this same chapter. The additions made by the editor to the treatment of each affection are of great value, especially to the general practitioner, and show a practical knowledge of the subjects so ably treated. An appendix of formulæ at the end of the work is most useful for rapid reference.

NEW PUBLICATIONS RECEIVED.

The Spinal Arthropathies (A Clinical Report of Six Cases of Charcot's Joints), with Illustrations, by A. Sidney Roberts, M.D., Surgeon to the Philadelphia Hospital, etc. Reprint from Medical News.

Medical Jurisprudence in Divorce, by Carl H. Von Klein, A.M., M.D., Dayton, Ohio. Delivered by invitation before the Ohio State Bar Association. Reprint from Journal American Medical Association.

Bacterial Pathology. A series of papers on the Exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. Reprint from the Lancet. The Industrial Publication Company, New York.

Circulars of Information of the Bureau of Education. 1. City School Systems in the United States, by John D. Philbrick, LL.D. 2. Planting Trees in School Grounds and the Celebration of Arbor Day, by Dr. Franklin B. Hough and John B. Peaslee.

OUR ADVERTISERS.

WANTED CANVASSERS to sell our new Instruments to the Profession. A full line of samples can be carried in the pocket. They sell at sight.

FOOTE & SWIFT,
1539 Chestnut St., Philadelphia.

In a recent report of the New Orleans Exposition we notice the following:—

McIntosh Galvanic and Faradic Battery Company deserve especial mention for their fine display of goods and the wonderful improvement they have made in electrical goods generally, and especially for their combined solar microscope and stereopticon. It is an instrument that every school and college in the country should have. They received first medal for fine displays of electrical goods and first medal for their combined solar microscope and stereopticon. Dr. L. D. McIntosh, the inventor, deserves great credit for arranging and making this display, because he met in competition the electrical inventions of Europe and America and took the first medal.

KENNEDY'S EXTRACT OF PINUS CANADENSIS for gonorrhœa is as much a specific as quinine is for malaria.

B. W. SPARKS, M.D.
McMinnville, Tenn.

IMPERIAL GRANUM.—Among the many preparations that are used as adjuncts to milk as food, the Imperial Granum has acquired an enviable reputation. It is prepared from very superior growths of wheat, is highly nutritious, readily retained by weak and irritated stomachs, and is easy of digestion and assimilation. It is well adapted to infants which cannot be supplied with good milk—some children seem to thrive better on it than on the mother's milk; to the aged and infirm, whose digestive organs are weak; but especially to children in cities, during their second summer, when so many die for want of suitable food. In many cases children, rapidly failing from "summer complaint," have been restored to health and strength by the use of this admirable preparation.

The Manager of the Illustrated Medical Journal Company has used Imperial Granum in his family with the most favorable results, and freely commends it in the highest terms.—*Leonard's Illustrated Medical Journal*, Detroit, Mich.

THE HYDRANGÆA ARBORESCENS.—The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., St. Louis, have combined the active elements of the plant with lithia, in a preparation called "Lithiated Hydrangæa," which unites the virtues of both these remedies. In the Chicago Weekly Review two cases of

rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, prepared diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Medical and Surgical Reporter*, Philadelphia.

I BEG leave to recommend Celerina as an excellent restorative after alcoholic excess; an aphrodisiac of exceptional merit, and an antispasmodic in hysterical manifestations and other functional nervous disorders.

JACOB S. PHILLIPS, M.D.

211 East 58th Street, New York City.

CONCENTRATED FOODS.—Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy also for constipation and chronic diarrhœa resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alternatives known—such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company of New York bears a high name, and this has been still further emphasized by the award of the Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats), the only preparation composed of these three cereals. Professor Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients in these foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: Five and a half per cent. of flesh-formers, seven per cent. of heat-givers, two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet.